

COURSE EVALUATION

Learner Name: _____

Course Name: _____ Date: _____

| | Disagree | | | | Agree | |
|---|-----------------|---|---|---|--------------|-----|
| Orientation was thorough and clear | 1 | 2 | 3 | 4 | 5 | |
| Instructional personnel disclosures were readily available and clearly stated | 1 | 2 | 3 | 4 | 5 | |
| Learning objectives were clearly stated | 1 | 2 | 3 | 4 | 5 | |
| Completion requirements were clearly stated | 1 | 2 | 3 | 4 | 5 | |
| Content was well-organized | 1 | 2 | 3 | 4 | 5 | |
| Content was informative | 1 | 2 | 3 | 4 | 5 | |
| Content reflected stated learning objectives | 1 | 2 | 3 | 4 | 5 | |
| Exam assessed stated learning objectives | 1 | 2 | 3 | 4 | 5 | |
| Exam was graded promptly | 1 | 2 | 3 | 4 | 5 | |
| Satisfied with learning experience | 1 | 2 | 3 | 4 | 5 | |
| Satisfied with customer service (if applicable) | 1 | 2 | 3 | 4 | 5 | n/a |

What suggestions do you have to improve this program, if any?

What educational needs do you currently have?

What other courses or topics are of interest to you?
