

## Course Evaluation Form

<b>Course Name</b>	
Semester:	
Instructor:	

### **OVERALL IMPRESSIONS**

Please check the response that most fits your level of agreement with each of the following statements:

This class was a valuable experience.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

The content of this class matched your educational objectives.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

This class helped you better understand the subject matter.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

### **PRESENTATION:**

The instructor was well organized.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

The instructor was familiar with the technology.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

The instructor maintained good interaction with the class.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

I felt like a part of the class.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

The instructor responded promptly to emails.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

**COMMENTS/SUGGESTIONS:**

Please list any limitations you observed in using the technology.

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Please list specific incidents or events during the class that you enjoyed.

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Please list suggestions of things that could be done differently.

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Additional Comments/Suggestions:

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