



Instructor Name _____

Course Evaluation

Course Location _____

Course Date _____

Circle

YES

OR

NO

If you circle "NO", please explain in the comments below

Course Facilities

Parking adequate?	YES	NO
Was the classroom large enough?	YES	NO
Was the room temperature okay?	YES	NO

Course Presentation

Were the overheads easy to read?	YES	NO
Were there enough practical sessions?	YES	NO
Were the course handouts useable?	YES	NO
Was the lecture session easy to follow?	YES	NO

Instructor

Was the instructor professional?	YES	NO
Was the instructor knowledgeable?	YES	NO
Was the instructor easy to understand?	YES	NO
Was the course interesting?	YES	NO

Overall rating of the course

poor ←————→ excellent

How would you rate the course?	1	2	3	4	5
--------------------------------	---	---	---	---	---

Would you recommend this course to others?

YES

NO

Comments

THANK YOU FOR YOUR INPUT!