

Class Evaluation Form

Subject: _____ Date: _____ Location: _____

Instructor: _____ Evaluator: _____

Name: (Optional) _____ Would you like contact? Yes _____ No _____

Material

1. Did you receive material relating to this subject prior the class?

Poor					Excellant	
1	2	3	4	5	N/A	

2. Was the material current and was it easy to read?

1	2	3	4	5	N/A
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3. Was the material beneficial to your studies?

1	2	3	4	5	N/A
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Instructor

1. Was the Instructor on time and prepared for the subject being taught?

1	2	3	4	5	N/A
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2. Was the Instructor knowledgeable on the subject being taught?

1	2	3	4	5	N/A
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3. Was the Instructor clear about the objectives, testing and practical skills needed to pass the course?

1	2	3	4	5	N/A
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Presentation

1. Was the class taught in a timely manner?

1	2	3	4	5	N/A
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2. Did the presentation include current and updated topics?

1	2	3	4	5	N/A
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3. Was the presentation clear and easy to understand?

1	2	3	4	5	N/A
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*continued on the back

Evaluator

1. How well did the evaluator know the subject being evaluated?

1 2 3 4 5 N/A

2. How honest and professional was the evaluator during the evaluation process?

1 2 3 4 5 N/A

3. Were the scenarios appropriate (did I learn something from the scenario?)

1 2 3 4 5 N/A

***Please make any additional comments here:**