

STUDENT COURSE EVALUATION

Course Number _____

Name of Course _____

Ending Date _____

Instructor _____

Location _____

1. The course was successful
2. The course and class sessions were organized
3. The course provided what you wanted
4. The objectives of the program were achieved
5. Suitable facilities and equipment were provided
6. The class allowed for student participation/discussion
7. The length of the course was suited to subject
8. The instructor communicated effectively
9. Appropriate written materials were provided
10. The instructor showed knowledge of the subject

	Excellent	Good	Average	Below Average

You first learned of the course from:

Brochure	Newspaper	TV	Radio	Calling	Friend	Other

Have you taken other adult education courses?

Yes No

What other courses would you like to take?

What changes (if any) would you suggest for this course?
