

PROFESSIONAL EDUCATION CENTER

COURSE EVALUATION FORM **DATES—***from* _____ *to* _____

Name of course _____

Location _____

Instructor Name _____

Your Professional Role (Job Title) _____

Your name(Optional) _____

Your feedback is appreciated. Please complete this form reflecting your experiences with the course.

	Disagree				Agree	
1 The objectives for the course were clearly stated.	1	2	3	4	5	6
2 The objectives were met.	1	2	3	4	5	6
3 The materials were/will be useful.	1	2	3	4	5	6

4 What elements of this course were most helpful to you?

5 Describe how this course supports your work as an educator.

6 How will the content of this course change your teaching practice?

7 Explain the effect that this new knowledge or skill set will have on your students' learning and achievement.

8 How will this student learning be measured?