



## STUDENT FINAL COURSE EVALUATION

Course Name and Number: \_\_\_\_\_ Lead Instructor: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Check the response that best reflects your opinion. If you have specific input on the course's strengths or improvement opportunities, provide comments in the Remarks section.

**This Course Remarks:**  Exceeded my expectations  Fulfilled my expectations  Failed to meet my needs

**Course Time Allocated Remarks:**  Appropriate  Took too much time (should be shorter)  Insufficient (needed to be longer)

**Level of Instruction Remarks:**  Appropriate  Too basic  Too advanced

**Instructor Presentations Remarks:** (Consider objectives met, clarity of instruction, enthusiasm, training aids, exercises, methods used)

Excellent  Good  Satisfactory  Unsatisfactory

**Course Materials Remarks:** (Consider usefulness of texts, exercises, handouts, reference materials)

Excellent  Good  Satisfactory  Unsatisfactory

**Classroom and Breakout Room Remarks:** (Consider lighting, temperature, cleanliness, furnishings, equipment, distractions)

Excellent  Good  Satisfactory  Unsatisfactory

**Correspondence and Guidance Remarks:**

(Consider timing of pre-course materials and information provided concerning, travel, lodging, logistics)

Excellent  Good  Satisfactory  Unsatisfactory

**What did you like MOST about this course?** (Use the back of this page if more space is needed)

**What did you like LEAST about this course?** (Use the back of this page if more space is needed)

**Recommendations for improving this course (be specific):** (Use the back of this page if more space is needed)

**Name (optional):**