

COMPREHENSIVE APPRAISAL WORKSHOP

Course Evaluation Form

Name: _____
(Optional)

Course location: _____
Date: _____

1=poor

5=excellent

Please circle the most applicable rating.

COMMENTS

	Poor	Fair	Avr.	Good	Excellent	
Material Overall Rating:	1	2	3	4	5	_____
Organization:	1	2	3	4	5	_____
Topics:	1	2	3	4	5	_____
Example Problems:	1	2	3	4	5	_____
Length:	1	2	3	4	5	_____
Helpful:	1	2	3	4	5	_____
Presentation:	1	2	3	4	5	_____
As a Study Tool:	1	2	3	4	5	_____

	Poor	Fair	Avr.	Good	Excellent	
Instructor Overall Rating:	1	2	3	4	5	_____
Knowledge of Material:	1	2	3	4	5	_____
Communication Skills:	1	2	3	4	5	_____
Response to Class Questions:	1	2	3	4	5	_____
Use of Overheads	1	2	3	4	5	_____

	Poor	Fair	Avr.	Good	Excellent	
Course Overall Rating:	1	2	3	4	5	_____
Did it meet your Expectations?	1	2	3	4	5	_____
Price of Course:	1	2	3	4	5	_____

	Poor	Fair	Avr.	Good	Excellent	
Course Site Overall Rating:	1	2	3	4	5	_____
Lighting:	1	2	3	4	5	_____
Adequate Sound Projection:	1	2	3	4	5	_____
Location of Site (city):	1	2	3	4	5	_____
Location of Site (hotel):	1	2	3	4	5	_____
Accommodations:	1	2	3	4	5	_____
Cost of Facilities:	1	2	3	4	5	_____
Breaks:	1	2	3	4	5	_____

Comments: _____

Send to: Comprehensive Workshop, PO Box 4309, Bryan, TX 77805-4309

Use the back of the form for further comments, feedback, or to help me improve the course.