

COMPREHENSIVE APPRAISAL WORKSHOP

Course Evaluation Form - After Getting Exam Results

Name: _____
 _____ (Optional)

Course location: _____

Please indicate how you performed on the following:

Date: _____

General	P	F	DNT
Cost, feasibility, market	P	F	DNT
Income approach	P	F	DNT
Sales Comparison approach	P	F	DNT

P = Pass
 F = Fail
 DNT = Did not take

Please provide feedback on the back of this form. Let me know if you only bought the book & did not take the course.

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

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