

Please Give Us Your Thoughts

Course Name: _____ Course #: _____

Instructor: _____

Your Name (optional): _____ Date: _____

May we quote your comments in our catalog? Yes No

Scale: 1 is poor or low and 5 is excellent or high. 3 is average.

1. Did the course cover what you expected? 1 2 3 4 5 N/A
2. Did the course catalog description accurately portray the class? 1 2 3 4 5 N/A
3. Was the class well organized? 1 2 3 4 5 N/A
4. Were you encouraged to participate? 1 2 3 4 5 N/A
5. Did the handouts/materials enhance your learning? 1 2 3 4 5 N/A
6. How would you rate the instructor, overall? 1 2 3 4 5 N/A
7. How would you rate the class content, overall? 1 2 3 4 5 N/A

Please give us your thoughts about the teacher:

What did you get out of the content of this class?

What changes might you suggest?

Would you recommend the class to a friend? Yes No

How did you hear about the class? Circle one: CFU catalog Friend/colleague Online Other
If online or other, where?

Approximately how long did you plan to take the class before actually enrolling in it?

Please use the back of this sheet to add comments and suggestions.

Optional: Gender _____ Age _____ Highest year of school attended _____

Marital status _____ Zip code _____ Job title _____

You may also email your comments to us: feedback@compuskills.com