



Course Evaluation Form

Program Title: _____

Program Date: _____

Participant Name: _____

Please indicate your agreement with the following statements: Agree Disagree Don't Know

- | | | | |
|--|-------|-------|-------|
| 1. Stated Learning Objectives were met | _____ | _____ | _____ |
| 2. Stated prerequisite requirements were appropriate and sufficient | _____ | _____ | _____ |
| 3. Program materials were relevant and contributed to the achievement of the learning objectives | _____ | _____ | _____ |
| 4. Time allotted to the learning activity was appropriate | _____ | _____ | _____ |
| 5. If applicable, individual instructors were effective | _____ | _____ | _____ |

=====
Additional Comments:

Thank you for your comments!