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**AUGMENTATIVE-ALTERNATIVE COMMUNICATION & SPECIAL POPULATIONS**  
Including Access Needs  
 4 CE Hours

**COURSE EVALUATION**

Learner Name: \_\_\_\_\_

	<b>Disagree</b>			<b>Agree</b>		
	1	2	3	4	5	
Orientation was thorough and clear	1	2	3	4	5	
Instructional personnel disclosures were readily available and clearly stated	1	2	3	4	5	
Learning objectives were clearly stated	1	2	3	4	5	
Completion requirements were clearly stated	1	2	3	4	5	
Content was well-organized	1	2	3	4	5	
Content was informative	1	2	3	4	5	
Content reflected stated learning objectives	1	2	3	4	5	
Exam assessed stated learning objectives	1	2	3	4	5	
Exam was graded promptly	1	2	3	4	5	
Satisfied with learning experience	1	2	3	4	5	
Satisfied with customer service (if applicable)	1	2	3	4	5	n/a

What suggestions do you have to improve this program, if any?

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\_\_\_\_\_

What educational needs do you currently have?

\_\_\_\_\_

\_\_\_\_\_

What other courses or topics are of interest to you?

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