

Course Evaluation Form

Center for Community & Professional Learning

| | |
|----------------------|--------------|
| Course Title: | CRN: |
| Instructor: | Date: |

Please take a few moments to answer the following questions, which will be used to assist us in meeting your needs. On behalf of the Continuing Education Department at QVCC, we thank you!

Course Offering

Please Circle The Appropriate Box:

| | Below Expectation | 2 | Average | 4 | Exceeded Expectation |
|---|----------------------|---|---------|---|-------------------------|
| 1) Course Content Met Your Needs: | 1 | 2 | 3 | 4 | 5 |
| 2) Matched Description in Course Guide: | 1 | 2 | 3 | 4 | 5 |
| 3) Pace of the Class: | 1 | 2 | 3 | 4 | 5 |
| 4) Textbook/Materials/Handouts: | 1 | 2 | 3 | 4 | 5 |
| 5) Class Location & Equipment: | 1 | 2 | 3 | 4 | 5 |

Comments? (Please elaborate) _____

The Instructor

Please Circle The Appropriate Box:

| | Poor | 2 | Average | 4 | Excellent |
|--|------|---|---------|---|-----------|
| 1) Knowledge of the Subject Matter: | 1 | 2 | 3 | 4 | 5 |
| 2) Preparation for Each Class: | 1 | 2 | 3 | 4 | 5 |
| 3) Communicated Material Effectively: | 1 | 2 | 3 | 4 | 5 |
| 4) Responded Well to Student Questions: | 1 | 2 | 3 | 4 | 5 |
| 5) Established Positive Rapport With Students: | 1 | 2 | 3 | 4 | 5 |

Comments? (Please elaborate) _____

Additional Questions

| | |
|---|--|
| What did you find was the most valuable part of this course? | |
| Do you have any suggestions on how we could improve this program? | |
| Other comments? | |

May We Use Your Quotes/Comments? *YES / NO* **If Yes, Signature:** _____



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