**Classroom Course Evaluation Form**

**Course and Participant Information:**

* **Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Class Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Assessment:**

1. **Rate the following course aspects:**
	* **Clarity of Objectives: ☐ Excellent ☐ Good ☐ Average ☐ Poor**
	* **Relevance of Content: ☐ Excellent ☐ Good ☐ Average ☐ Poor**
	* **Use of Class Resources: ☐ Excellent ☐ Good ☐ Average ☐ Poor**
2. **Student Experience Table:**

| **Aspect** | **Rating (1-5)** | **What Worked Well** | **Suggestions for Improvement** |
| --- | --- | --- | --- |
| **Clarity of Objectives** |  |  |  |
| **Relevance of Content** |  |  |  |
| **Use of Classroom Resources** |  |  |  |
| **Interaction During Class** |  |  |  |

1. **Additional Suggestions for Improvement:**

**☐ I confirm that this evaluation reflects my honest feedback.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**