This is an evaluation form for licensees who are taking CE courses. On a scale of 1 to 5 please rate the quality of the instructor and course material. Please complete the questionnaire as thoroughly as possible. The information provided will be reviewed by staff and presented to the Board and will be used in planning and approving future classes.

<table>
<thead>
<tr>
<th>Course Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Number:</td>
<td></td>
</tr>
<tr>
<td>Sponsor Name:</td>
<td></td>
</tr>
</tbody>
</table>

Course Instructor(s):

<table>
<thead>
<tr>
<th></th>
<th>Poor (NO)</th>
<th>Below Average</th>
<th>Average (MAYBE)</th>
<th>Above Average</th>
<th>Outstanding (YES)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**INSTRUCTOR EVALUATION**

1. How well do you rate the overall quality of teaching? □ □ □ □ □
2. Did the instructor speak clearly and loudly enough? □ □ □ □ □
3. Did the instructor present the material in an understandable manner? □ □ □ □ □
4. Did the instructor keep your attention? □ □ □ □ □
5. Did the instructor manage the students in the classroom? □ □ □ □ □
6. Did the instructor use instructional aids to enhance learning? □ □ □ □ □
7. Did the instructor interact with students in a positive manner that encouraged learning and questions? □ □ □ □ □
8. Did the instructor avoid personal criticism of any other person, agency or organization? □ □ □ □ □

**COURSE EVALUATION**

1. How do you rate the overall value of this course? □ □ □ □ □
2. Was the content of the course well-paced? □ □ □ □ □
3. Did the course have clear goals and objectives? □ □ □ □ □
4. Did the course presentation cover the subject matter in the student materials? □ □ □ □ □

**ADDITIONAL COMMENTS (please print in box below):**