



Course Evaluation Form

Your comments are important to the success and improvement of Workforce Training & Continuing Studies courses/programs. Please fill in this form and place it in the envelope provided.

COURSE: _____ DATE: _____

INSTRUCTOR: _____ LOCATION: _____

Please put a check mark in the box which corresponds to your level of agreement with each statement below:

Evaluation Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The objectives of the course were made clear to me.					
The learning materials were helpful to me and supported the learning objectives.					
There was sufficient time for the amount of material in the course outline.					
The instructor organized class/lab activities to match the stated course objectives.					
The instructor presented the course materials in an organized fashion.					
The instructor inspired interest in the content of the course.					
The instructor conducted classes and activities as planned and scheduled.					
The classroom/training area was adequate for the number of people in the class.					
I would recommend this course/program.					

Please comment on the following: I think this course/program could be improved by: _____

Where did you hear about this course/program?

- Printed Calendar Radio Word of Mouth Posters
- NWCC Website Mail School/Band Workplace
- Newspaper Ad Email Training Agency Other _____

If you would like to receive more information about Workforce Training & Continuing Studies courses/programs by email please provide the following information:

Name: _____ Email: _____