

Course Title: _____ Date: _____ Location: _____

County: _____ Check One: Adult Juvenile Other _____

INSTRUCTOR EVALUATION: Please use this number system for this portion of the evaluation:						
Excellent (5)		Very Good (4)		Good (3)	Fair (2)	Poor (1)
Instructor's Name	Knowledge of Subject	Evidence of Preparation	Utilization of Time	Clarity of Discussion	Other Comments	

Course Evaluation (please check appropriate response)	Excellent	Very Good	Good	Fair	Poor	Other Comments
Course Name or Subject Content						
Relevancy to topics (too basic; too advanced; or appropriate)						
Appropriateness of time allotted to each topic						
Instructional Materials (If provided, if not put N/A)						
Audio/Visual Aids (If applicable, if not put N/A)						
Practical Exercises (If applicable, if not put N/A)						

Other comments:

How would you suggest this course be improved?

What other courses would you like to have offered?