## Class Evaluation

Thank your for participating in our programs. Your feedback is important to us. Please submit feedback regarding the course you have just completed, including feedback on course structure, content, and instructor.

\* Required

## **CBGLLC LOGO**



| 1. | Class Name *                               |         |          |              |          |       |
|----|--|---------|----------|--------------|----------|-------|
| 2. | Instructor Name *                          |         |          |              |          |       |
| 3. | Level of effort *                          |         |          |              |          |       |
|    | Mark only one oval per row.                |         |          |              |          |       |
|    |  | Minimal | Moderate | Satisfactory | Frequent | Daily |
|    | Level of effort you were able put into the |         |          |              |          |       |

## 4. Contribution to your learning \*

Mark only one oval per row.

|  | Minimal<br>knowledge | Some<br>knowledge | Satisfactory<br>knowledge | Moderate<br>knowledge | Advanced<br>knowledge |
|--|----------------------|-------------------|---------------------------|-----------------------|-----------------------|
| Level of skill/knowledge at start of course              |                      |                   |                           |                       |                       |
| Level of skill/knowledge at end of course                |                      |                   |                           |                       |                       |
| Level of skill/knowledge required to complete the course |                      |                   |                           |                       |                       |
| Contribution of course to your skill/knowledge           |                      |                   |                           |                       |                       |

## 5. Skill and responsiveness of the instructor

Mark only one oval per row.

|   | Strongly<br>disagree | Disagree | Neutral | Agree | Strongly<br>agree | Column<br>6 |
|---|----------------------|----------|---------|-------|-------------------|-------------|
| Instructor was an effective lecturer/demonstrator     |                      |          |         |       |                   |             |
| Presentations were clear and organized                |                      |          |         |       |                   |             |
| Instructor stimulated student interest                |                      |          |         |       |                   |             |
| Instructor effectively used time during class periods |                      |          |         |       |                   |             |
| Instructor was available and helpful                  |                      |          |         |       |                   |             |
| Instructor provided constructive feedback             |                      |          |         |       |                   |             |

| 6. ( | OUTSE | content | * |
|------|-------|---------|---|

Mark only one oval per row.

|   | Strongly<br>disagree | Disagree | Neutral | Agree | Strongly<br>agree |
|---|----------------------|----------|---------|-------|-------------------|
| Learning objectives were clear                              |                      |          |         |       |                   |
| Course content was organized and well planned               |                      |          |         |       |                   |
| Course workload was appropriate                             |                      |          |         |       |                   |
| Course organized to allow all students to participate fully |                      |          |         |       |                   |
| Instructor demonstrated each behavior                       |                      |          |         |       |                   |
| What aspects of this course were mos                        | t useful or val      | uable? * |         |       |                   |
| What aspects of this course were mos                        | t useful or val      | uable? * |         |       |                   |
| What aspects of this course were mos                        | t useful or val      | uable? * |         |       |                   |
| What aspects of this course were mos                        |                      |          |         |       |                   |
|   |                      |          |         |       |                   |
|   |                      |          |         |       |                   |
|   |                      |          |         |       |                   |

| 9.  | Why did you choose this course? * |
|-----|-----------------------------------|
|     | Mark only one oval.               |
|     | Time offered                      |
|     | Interest                          |
|     | Beginner level                    |
|     | Other:                            |
|     |                                   |
|     |                                   |
| 10. | Additional Feedback               |
|     |                                   |
|     |                                   |
|     |                                   |
|     |                                   |
|     |                                   |
|     |                                   |
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|     |                                   |

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