

Class Evaluation

Thank you 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

CBG LLC 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 course

6. Course content *

Mark only one oval per row.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Learning objectives were clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course content was organized and well planned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course workload was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course organized to allow all students to participate fully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructor demonstrated each behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. What aspects of this course were most useful or valuable? *

8. What aspects of this course were least useful or helpful? *

9. Why did you choose this course? *

Mark only one oval.

Time offered

Interest

Beginner level

Other: _____

10. Additional Feedback

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