

CONTINUING PROFESSIONAL EDUCATION LEARNING EXPERIENCE EVALUATION

Title of Activity

Dates

Instructor(s)

Please respond to each item by circling the number which best describes your opinion. (5 = Excellent through 1 = Poor)

A. Course/activity Content

Excellent

Poor

- | | | | | | |
|--|---|---|---|---|---|
| 1. Course/activity was well organized. | 5 | 4 | 3 | 2 | 1 |
| 2. Course/activity objectives were clearly stated. | 5 | 4 | 3 | 2 | 1 |
| 3. Activities and assignments were relevant to objectives. | 5 | 4 | 3 | 2 | 1 |
| 4. All necessary materials/equipment/resources were provided or made readily available. | 5 | 4 | 3 | 2 | 1 |
| 5. Which form(s) of evaluation were used to assess your achievement of the learning experience's objectives? Please check as many as applicable. | | | | | |

Abstracts

Exam

Journal

Project(s)

Observation

Other (Please specify): _____

Lesson plan

Report

Term paper

Plan of implementation

Practicum

6. Additional comments: _____

B. Course/activity Instruction

Excellent

Poor

- | | | | | | |
|--|---|---|---|---|---|
| 1. The instructor was well prepared for class. | 5 | 4 | 3 | 2 | 1 |
| 2. The instructor was knowledgeable in the subject area. | 5 | 4 | 3 | 2 | 1 |
| 3. The manner of presentation of the material was clear. | 5 | 4 | 3 | 2 | 1 |
| 4. The instructor employed effective teaching strategies/techniques. | 5 | 4 | 3 | 2 | 1 |
| 5. The instructor was objective and equitably interacted with the class. | 5 | 4 | 3 | 2 | 1 |

Additional comments:

