

## CLASSROOM CONTENT AND INSTRUCTOR EVALUATION REPORT

POSTLICENSING EDUCATION     CONTINUING EDUCATION (Check relevant box)

COURSE TITLE: \_\_\_\_\_

CE/POST #: \_\_\_\_\_ HOURS: \_\_\_\_\_ DATE: \_\_\_\_\_

SPONSOR: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

<u>I. INSTRUCTOR:</u>	<u>Excellent</u>	<u>Average</u>	<u>Not Acceptable</u>
Knowledge of course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Questions answered/Examples used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presented all topics on outline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely start and finish of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to control disruptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>II. CONTENT/MATERIALS:</u>			
Course objectives/outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical value of content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value of resource materials*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and materials current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For "Not Acceptable" rating(s) state your reasons.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Other comments regarding the course and/or instructor.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

\* Any supplemental/additional information such as useful websites, case studies, articles from publications, etc.

NOTE: No exceptions to this format without Division's prior approval.