

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.