

**NEVADA REAL ESTATE DIVISION**  
3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102  
(702) 486-4033 \* <http://red.nv.gov/>

**CLASSROOM CONTENT AND INSTRUCTOR EVALUATION REPORT**

☐ POSTLICENSING EDUCATION    ☐ CONTINUING EDUCATION (Check relevant box)

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

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

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

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

| I. <u>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"/> |
| II. <u>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.