

1420 Austin Bluffs Parkway
 P.O. Box 7150
 Colorado Springs, Colorado 80933-7150
 (719) 262-4134

COURSE EVALUATION

Course Title _____
 Course Location _____
 Instructor: _____ (Instructor of Record: Bob Greene)
 Beginning Date _____ End Date _____

Instructions

This form is used by the College of Education to help meet your needs as students. Please be candid and let us know exactly how you feel about the course you've just completed. The results of this evaluation will be reviewed by the Director of Extended Studies, College of Education, and your instructor, and instructor of record. Your comments are important to us as they give us constructive feedback and let us know what changes, if any, need to be made. Please turn these in to your instructor.

WE WANT TO KNOW!!!!

Excel- lent	Very Good	Satis- factory	Needs Improve- ment	Poor
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Registration Procedures

1. Registration procedures were efficient and well planned.
2. College of Education staff were helpful and courteous during the registration process.
3. Registration instructions were clear and easy to understand in printed materials.

Comments: _____

Course Organization

1. Course goals and objectives were well stated.
2. The stated goals and objectives were well met.
3. The written and/or learning materials were well organized and of good quality.

Comments: _____

Instruction

1. The instructor was well prepared.
2. The instructor was knowledgeable about the subject area.
3. Material was presented logically and sequentially.
4. The instructor expressed his or her ideas clearly.
5. The instructor was responsive to student questions, comments, and needs.

Comments: _____

Physical Arrangements

1. The physical arrangements were conducive to learning.
2. Ventilation/heating and lighting were adequate.
3. Directions to the classroom were clearly posted within the building.

Comments: _____

