EVALUATION FORM

Return to NDSU Distance & Continuing Education after completion of the course

Title:
Instructor(s):
Date:
Location:

5 = Excellent    4 = Good    3 = Average    2 = Below Average    1 = Poor

PLEASE RATE:

Workshop Presentation
Workshop Preparation
Workshop Materials
Ease In Understanding
Concern for Individuals
Group Participation
Facilities
Time Workshop was Offered

PLEASE COMMENT:

POSITIVE AREAS:

AREAS WHERE COURSE CAN BE IMPROVED:

SUGGESTED TOPICS FOR FUTURE COURSES:

HOW DID YOU FIND OUT ABOUT THIS COURSE?

WOULD YOU LIKE TO OFFER A TESTIMONIAL?    Y    N    IF SO, PLEASE INCLUDE YOUR FIRST NAME AND CITY ________________________________ [Please write testimony on the back of sheet] (Your testimonial will not be tallied in the results of the evaluation.)

Would you be interested in teaching a course for us or do you need a course specifically for your school? If so, please contact Barb Schumacher at 800-726-1724 or 701-231-7852. Check our web site: www.ndsu.edu/dce for upcoming face-to-face, online or print-based courses.

Thank You!