# **logo**

# **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 5 4 3 2 1

Workshop Preparation 5 4 3 2 1

Workshop Materials 5 4 3 2 1

Ease In Understanding 5 4 3 2 1

Concern for Individuals 5 4 3 2 1

Group Participation 5 4 3 2 1

Facilities 5 4 3 2 1

Time Workshop was Offered 5 4 3 2 1

**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 your testimonial on the back of sheet. (Your testimonial will not be tallied in the results of the evaluation.)

Are you 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 website at [www.ndsu.edu/dce](http://www.ndsu.edu/dce) for upcoming courses.

**Thank You!**