

**COMMON- INTEREST COMMUNITY**

**CLASSROOM CONTENT AND INSTRUCTOR EVALUATION**

POSTLICENSING EDUCATION     CONTINUING EDUCATION (Check relevant box)

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

CAM \_\_\_\_\_ HOURS: \_\_\_\_\_ DATE: \_\_\_\_\_

CLASS#: \_\_\_\_\_

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

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

I. <u>INSTRUCTOR:</u>	<u>Excellent</u>	<u>Average</u>	<u>Not Acceptable</u>
Demonstrated knowledge of course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged feedback and questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responded satisfactorily to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave examples to illustrate a point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Followed course outline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely start and finish of class sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation	<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>			
Clear course outcomes/learning objectives	<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.

Other comments regarding the course/instructor.

Name (optional) \_\_\_\_\_ Date: \_\_\_\_\_