

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY – REAL ESTATE DIVISION
COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

**COMMUNITY ASSOCIATION MANAGER
CLASSROOM CONTENT AND INSTRUCTOR EVALUATION**

CONTINUING EDUCATION PRELICENSING EDUCATION (Check relevant box)

COURSE TITLE: _____

CE/PL#: _____ -CAM 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 objected/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"/>

Comments, if any, regarding the response time and satisfaction with answers to questions asked.

1. _____

2. _____

3. _____

For “Not Acceptable” rating(s) state your reasons and/or any other comments regarding the course.

1. _____

2. _____

3. _____

Name (optional): _____ Date: _____

*Any supplemental/additional information such as (websites, case studies, articles from publications, etc.)

NOTE: No exceptions to this format without Division’s prior approval.