

CLASSROOM CONTENT AND INSTRUCTOR EVALUATION REPORT

POSTLICENSING EDUCATION CONTINUING EDUCATION (Check relevant box)

COURSE TITLE: _____

CE/POST #: _____ HOURS: _____ DATE: _____

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: _____

NOTE: No exceptions to this format without Divisions prior approval.

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