

NEVADA REAL ESTATE DIVISION
 3300 W. Sahara Ave., Suite 350, Las Vegas, Nevada 89102
 (702) 486-4033 * <http://red.nv.gov/>

CONTINUING EDUCATION
DISTANCE EDUCATION CONTENT AND INSTRUCTOR EVALUATION REPORT

COURSE TITLE: _____

CE #: _____ HOURS: _____ DATE: _____

DELIVERY METHOD: CORRESPONDENCE INTERNET OTHER:_____

SPONSOR: _____

INSTRUCTOR: _____

I. <u>INSTRUCTOR:</u>	<u>Excellent</u>	<u>Average</u>	<u>Not Applicable</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"/>
Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. <u>CONTENT/MATERIALS:</u>	<u>Excellent</u>	<u>Average</u>	<u>Not Acceptable</u>
Course objectives/outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and material current	<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"/>
Structure of course for self-paced study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. <u>D.E. DELIVERY METHOD:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology – ease of use, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for technology/course access, if applicable	<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. _____
4. _____

Name (optional): _____ Date: _____

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

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