

CLASSROOM CONTENT AND INSTRUCTOR EVALUATION SUMMARY

POSTLICENSING EDUCATION CONTINUING EDUCATION (check relevant box)

COURSE TITLE: _____

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

SPONSOR: _____ INSTRUCTOR: _____

NUMBER OF LICENSED ATTENDEES: _____ NUMBER OF EVALUATIONS ON FILE: _____

I. <u>INSTRUCTOR:</u>	<u>Excellent</u>	<u>Average</u>	<u>Not Acceptable</u>
Demonstrated knowledge of course content	_____	_____	_____
Encouraged feedback and questions	_____	_____	_____
Responded satisfactorily to questions	_____	_____	_____
Gave examples to illustrate a point	_____	_____	_____
Followed course outline	_____	_____	_____
Timely start and finish of class sessions	_____	_____	_____
Preparation	_____	_____	_____
Ability to control disruptions	_____	_____	_____
II. <u>CONTENT/MATERIALS:</u>			
Clear course outcomes/learning objectives	_____	_____	_____
Organization of materials	_____	_____	_____
Practical value of content	_____	_____	_____
Value of resource materials*	_____	_____	_____
Content and materials current	_____	_____	_____

“Not Acceptable” rating reasons: Provide licensee comments exactly as on evaluation forms.

Other comments about the course/instructor: Provide licensee comments exactly as on evaluation forms.

NOTE: Evaluation summary may be subject to audit.

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