



Coastal Bend College Customized & Continuing Ed EVALUATION



COURSE TITLE: _____

RUBRIC: _____ **COURSE #:** _____

Start Date: ____/____/____

End Date: ____/____/____

Instructor: _____

1.	Please rate the quality of service you received from Continuing Ed Department when registering for this course	[] Excellent [] Good [] Fair [] Poor
2.	The instructor's effectiveness in teaching the subject matter was	[] Excellent [] Good [] Fair [] Poor
3.	Management of class atmosphere promoted student learning	[] Excellent [] Good [] Fair [] Poor
4.	Instructor's preparation for class was	[] Excellent [] Good [] Fair [] Poor
5.	Relevance and usefulness of course content was	[] Excellent [] Good [] Fair [] Poor
6.	Instructor's interest in whether students learned was	[] Excellent [] Good [] Fair [] Poor
7.	Clarity of student responsibilities and requirements were	[] Excellent [] Good [] Fair [] Poor
8.	Tailoring of instruction to varying student skill levels was	[] Excellent [] Good [] Fair [] Poor
9.	Availability of extra help when needed was	[] Excellent [] Good [] Fair [] Poor
10.	Opportunity for practicing what was learned was	[] Excellent [] Good [] Fair [] Poor
11.	Class sessions were interesting and engaging	[] Excellent [] Good [] Fair [] Poor
12.	Class sessions were well organized	[] Excellent [] Good [] Fair [] Poor
13.	The course description accurately reflected the content of the course	[] Excellent [] Good [] Fair [] Poor
14.	Expectations were clearly outlined in the syllabus	[] Excellent [] Good [] Fair [] Poor
15.	The instructor treated students fairly and impartially	[] Excellent [] Good [] Fair [] Poor
16.	List any additional training you would be interested in:	