






FORM 110
COURSE/INSTRUCTOR EVALUATION

Course: _____
Year/Qtr: _____
Instructor: _____

Please CIRCLE the number that reflects your opinion/response to each question:

1	2	3	4	5
				
POOR	BELOW AVERAGE	AVERAGE	VERY GOOD	OUTSTANDING

- | | | | | | |
|--|----------|----------|----------|----------|----------|
| 1. For my professional growth, this course has been: | 1 | 2 | 3 | 4 | 5 |
| 2. For my personal growth, this course has been: | 1 | 2 | 3 | 4 | 5 |
| 3. The instructor's teaching style of this material was: | 1 | 2 | 3 | 4 | 5 |
| 4. The instructor's understanding of the subject matter was: | 1 | 2 | 3 | 4 | 5 |

PLEASE ADD COMMENTS (What you liked best about the course and/or changes you recommend):