

UCI Extension Course Evaluation

Course Department and Number _____
 Name of Instructor: _____
 Date: _____

UCI welcomes and needs your assessment of this course and its instructor(s). Please complete this evaluation form so we may be aware of your opinions. Participant feedback enables us to improve the course we offer. Results of this evaluation will be reviewed by Extension staff and shared with the instructor(s).

THE INSTRUCTOR

	Always	Frequently	Sometimes	Occasionally	Hardly ever
1. Course objectives were clearly stated and communicated	1	2	3	4	5
2. Course objectives were achieved	1	2	3	4	5
3. Grading criteria were clearly stated	1	2	3	4	5
4. The instructor was knowledgeable about the subject matter	1	2	3	4	5
5. It was clear how each topic fit the course	1	2	3	4	5
6. the instructor was enthusiastic about the subject matter	1	2	3	4	5
7. The instructor made thoughtful, stimulating presentations	1	2	3	4	5
8. Class time was used effectively	1	2	3	4	5
9. Each class started and ended on time	1	2	3	4	5
10. Student participation was encouraged	1	2	3	4	5
11. The instructor used a variety of teaching methods	1	2	2	4	5
		Very Good	Good	Fair	Poor
12. My overall rating of this instructor is	1	2	3	4	5
	Definitely	Most Likely	Possibly	Probably Not	Not at All
13. I would take another class from this instructor	1	2	3	4	5

GUEST LECTURE/S

14. If this course included guest lecture/s, please comment on their value to the course. Please include name/s as appropriate.

THE COURSE

	Expert	Very Knowledgeable	Somewhat Knowledgeable	Slightly Knowledgeable	Novice
15. Please rate your perceived knowledge of the course subject matter before you enrolled	1	2	3	4	5
	Always	Frequently	Sometimes	Occasionally	Hardly ever
16. The academic challenge of the course was appropriate	1	2	3	4	5
	Definitely	Most Likely	Possibly	Probably Not	Not at All
17. I would recommend this course to others	1	2	3	4	5
18. What were the best qualities of this course? _____					
19. How could this course be improved? _____					
20. What topics of the course would you like to see addressed in another course? _____					
	Completely	Mostly	Reasonably	Slightly	Not at All
21. The location and time of the course were convenient for me	1	2	3	4	5
22. How accurate was the catalog/brochure description of this course?	1	2	3	4	5
	Excellent	Very Good	Good	Fair	Poor
23. Overall rating of this course	1	2	3	4	5

Sample only. Do not distribute to your class.

CERTIFICATE COURSES

If this course is part of your certificate program, please answer the following.

24. Name of certificate program _____

25. How many courses have you taken toward this certificate program? _____

	Excellent 1	Very Good 2	Good 3	Fair 4	Poor 5
26. Overall rating of this certificate program					

EMPLOYMENT INFORMATION

27. Are your registration fees for this course reimbursed by your company? Yes _____ No _____

28. Name of company? _____

29. Your job title _____

30. Would similar courses be helpful to have at your company? Yes _____ No _____

31. Your name (optional) _____

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