

# UCI EXTENSION INTERIM EVALUATION

INSTRUCTOR:                    COURSE # & SYN #:  
COURSE TITLE:  
COURSE DATES:

This course has met several times and we would appreciate some feedback from the participants at this time. Please help us by completing this form. Comments will be reviewed by the planning department director and the course instructor(s). Feedback at this time from participants helps instructors make modifications in the course and its instruction. Please note that completion of this form should not preclude participants from discussing suggestions about the course directly with the instructor.

1.        Please comment on this course with respect to:

CONTENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSTRUCTIONAL METHODS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.        Describe how this course has met your needs and expectations so far:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.        Additional comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

i:/data/mgmt/forms/interim.frm

Thank you for your assistance!