

**Midland College
Health Sciences Continuing Education
2004-2005 Course Evaluation Form**

Please use the following scale to rate the course:

A	B	C	D	E
Strongly Agree		Neutral		Strongly Disagree

Your evaluation of this course/seminar will serve as a useful tool in Midland College's attempt to present only the highest quality course offerings. A synopsis of all of the evaluations of this program will be shared with the instructor.

Course Name Alzheimer's Disease **Course#** _____ **Date** _____ **Instructor** _____
Please circle one.

- | | | | | | |
|--------------------------------------------------------------------------|---|---|---|---|---|
| 1. The instructor defined the course objectives clearly. | A | B | C | D | E |
| 2. The instructor was knowledgeable concerning the subject. | A | B | C | D | E |
| 3. The instructor responded to the students' individual needs. | A | B | C | D | E |
| 4. The instructor encouraged students to ask questions and express ideas | A | B | C | D | E |
| 5. I would take another course with this instructor. | A | B | C | D | E |
| 6. The length was appropriate to cover the course content. | A | B | C | D | E |
| 7. The course was well organized and well conducted. | A | B | C | D | E |
| 8. The materials purchased and/or handouts were appropriate. | A | B | C | D | E |
| 9. The course content was consistent with the advertised description. | A | B | C | D | E |
| 10. My personal objectives regarding this course were met. | A | B | C | D | E |
| 11. The continuing education registration process was efficient. | A | B | C | D | E |
| 12. The physical facilities were appropriate. | A | B | C | D | E |
| 13. I would recommend this course to others. | A | B | C | D | E |
| 14. I learned about this course through: | A | B | C | D | E |
| A = flyer/brochure mailed to you | | | | | |
| C = word of mouth | | | | | |
| E = other _____ | | | | | |
| B = newspaper article/advertisement | | | | | |
| D = continuing education schedule | | | | | |

15. May we use your name in publicity? No. Yes. If yes, please sign _____

16. Please comment on what you liked best about the course.

17. Please comment on what you liked least and would like changed about the course.

18. Please list courses you would like to see added to our program (over if more room is needed.)

Thank you for your participation