

# Continuing Education Evaluation Form

COPE # \_\_\_\_\_ Credit Hours: \_\_\_\_\_

## Course Information

Course Title:
Date:
Instructor:
Location:

### Course Evaluation:

Excellent

Good

Fair

Poor

	Excellent	Good	Fair	Poor
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why did you choose this course?

Subject    Speaker    COPE    Other \_\_\_\_\_

Would you recommend this course to a colleague?    Yes    No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_