



COURSE EVALUATION

The purpose of this form is to provide you with an opportunity to give feedback on the course you have attended. Your opinion is an important resource for improving the quality of ACE classes and instruction. Thank you.

Course Name/ Number _____

Instructor Name _____

Day of the Week/Time _____

	Strongly Disagree			Strongly Agree	
The course was properly described	1	2	3	4	5
Instructor was well prepared & organized	1	2	3	4	5
Instructor helpful & encouraged feedback	1	2	3	4	5
The course met expectations	1	2	3	4	5
I would recommend this course to others	1	2	3	4	5
Course taught at appropriate pace	Yes	Too Fast		Too Slow	

What overall rating would you give the course? If fair or poor, please elaborate.

- Excellent
- Very Good
- Good
- Fair
- Poor

Please suggest course topics you would like ACE to offer:

Optional

Name _____ Phone _____

Email _____

Additional Comments: *(If you need more space, please use the back or contact a staff person.)*