ACTIVITY EVALUATION FORM

Please complete and return to Provider (Please Print) Course Number: **Provider Name:** Title of Activity: Date(s) of Activity: Time of Activity: Location of Activity: Please indicate your evaluation of this course by completing the table below Question Yes No Comments Did this program meet your educational objectives? Were you provided with substantive written materials? Did the course update or keep you informed of your legal responsibilities? Did the activity contain significant professional content? Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)? Please rate the instructor(s) of the course below On a scale of 1 to 5, with 1 being Poor and 5 Rate Instructor's Name and Subject Taught being Excellent, please rate the items below 1 – 5 Overall Teaching Effectiveness Knowledge of Subject Matter On a scale of 1 to 5, with 1 being Poor and 5 Rate **Instructor's Name and Subject Taught** being Excellent, please rate the items below 1 – 5 Overall Teaching Effectiveness Knowledge of Subject Matter On a scale of 1 to 5, with 1 being Poor and 5 Rate Instructor's Name and Subject Taught being Excellent, please rate the items below 1 – 5 **Overall Teaching Effectiveness** Knowledge of Subject Matter

Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
	Overall Teaching Effectiveness	
	Knowledge of Subject Matter	
Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
	Overall Teaching Effectiveness	
	Knowledge of Subject Matter	
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Instructor's Name and Subject Taught	On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below	Rate 1 – 5
	Overall Teaching Effectiveness	
	Knowledge of Subject Matter	