

**Center for Early Professional Childhood Development  
Student Course Evaluation**

Instructor Name \_\_\_\_\_

Course Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Please use either a pencil or a pen to completely fill in one circle that best answers each question. If you make changes, fully erase your first answer. Thank you for sharing your opinions. They are very important to us.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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**LOGISTICS**

- 1. The classroom was comfortable.
- 2. Each class started on time.
- 3. Each class met as scheduled.

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**EDUCATOR**

- 4. The way the Educator presented the course material gave me the opportunity to learn using my eyes, ears, and hands.
- 5. I had the opportunity to work by myself, in small groups, and in large groups during the course.
- 6. The Educator adequately covered learning objectives.
- 7. The Educator allowed enough time for discussion opportunities, comments, and questions.

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**OVERALL CLASS INSTRUCTION**

- 8. I knew this topic well before taking this class.
- 9. I did not know this topic before taking this class. I learned a lot.
- 10. The class sessions included information relevant to my job.
- 11. The class sessions will help me reach my long-term career goal.
- 12. I will use the information that I have learned in class at my facility.

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**OVER**

13. How will the material presented in this class benefit you in your job?

14. What work habits or changes do you plan on making as a result of the information you learned from this class? Please describe.

15. What was the MOST helpful aspect of this class?

16. What was the LEAST helpful aspect of this class?

17. What recommendations do you have for improving this class?

18. How did you hear about this training? Please check **one**.

Newsletter      Mailing      Director      Friend/Coworker      CECPD Website      Southeastern CCR&R      Other

19. Other Comments.