

CPE Course Evaluation Form ^[1]

Evaluation

Course Title:

Course Instructor:

Course Date:

Month



Day



Participant (optional):

Please rate the following:

1. Stated learning objectives were met

- ☐ Agree
- ☐ Disagree
- ☐ Don't Know

2. Stated prerequisite requirements (if any) were appropriate and sufficient

- ☐ Agree
- ☐ Disagree
- ☐ Don't Know

3. Course materials, including the qualified assessment, if any, were relevant and contributed to the achievement of the learning objectives

- ☐ Agree
- ☐ Disagree
- ☐ Don't Know

4. Time allotted to the learning activity was appropriate

- ☐ Agree
- ☐ Disagree
- ☐ Don't Know

5. Presenter(s) was (were) effective

- ☐ Agree
- ☐ Disagree
- ☐ Don't Know

Additional Comments:

Submit

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