

# Classroom Course Evaluation Form

## Course and Participant Information:

- Course Title: \_\_\_\_\_
- Instructor Name: \_\_\_\_\_
- Class Duration: \_\_\_\_\_
- Completion Date: \_\_\_\_\_

## Course Assessment:

### 1. Rate the following course aspects:

- Clarity of Objectives:  Excellent  Good  Average  Poor
- Relevance of Content:  Excellent  Good  Average  Poor
- Use of Class Resources:  Excellent  Good  Average  Poor

### 2. Student Experience Table:

Aspect	Rating (1-5)	What Worked Well	Suggestions for Improvement
Clarity of Objectives			
Relevance of Content			
Use of Classroom Resources			
Interaction During Class			

### 3. Additional Suggestions for Improvement:

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I confirm that this evaluation reflects my honest feedback.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_