

CTE Teacher Certification Course Evaluation

Item #	Time	Course Abbr/#	Instructor	Location
Day(s)/Date(s)	Course Title			

Which of the following describes your relationship with OC Continuing Education's non-credit programs?

NEW Olympic College Continuing Education Student OR RETURNING Olympic College Continuing Education Student

5 = Outstanding 4 = Very Good 3 = Good 2 = Fair 1 = Poor N/A = Does not apply

General

Your overall opinion of the class 5 4 3 2 1 N/A
 Your overall opinion of the instructors 5 4 3 2 1 N/A

Instructors

Organization of material presented 5 4 3 2 1 N/A
 Instructor's knowledge & comfort with material 5 4 3 2 1 N/A
 Instructor's handling of questions 5 4 3 2 1 N/A
 Instructor's thoroughness in covering the topic 5 4 3 2 1 N/A

Program

Overall impression of the textbook/manual 5 4 3 2 1 N/A
 Overall impression of the handout(s) 5 4 3 2 1 N/A
 Length of class 5 4 3 2 1 N/A
 Pace of class 5 4 3 2 1 N/A

What was your favorite part of the class? Feel free to use the back of this paper for more room.

May we use your comments in future publications? Yes No If so, please include your name _____

How can we improve this class? Feel free to use the back of this paper for more room.

How did you learn about this class? Please check all that apply.

Friend Flier OC employee Brochure, sent in the mail Brochure, other OC Web site Web site
 E-Mail Newspaper VIEW catalog Other _____

DO YOU HAVE OTHER COMMENTS ABOUT THIS CLASS? DO YOU WANT THE COLLEGE TO CONTACT YOU?

Name: _____ Phone: _____ E-mail: _____

Thank you for taking the time to complete this survey! Your information is useful in our planning processes each quarter

Always feel free to contact us at:

<mailto:TeacherCTECert@Olympic.edu>