

Course Evaluation

Your Name	Course Number	Title	Date
Optional			

1. Do you feel this course lived up to its title and imparted relevant learning information?

Yes No

Additional comments:

2. Do you feel the content was valuable in your day-to-day work?

Yes No

Additional comments:

3. Would you recommend changes to this curriculum to make it more helpful?

Yes No

Additional comments:

Any additional comments: