

CAPCE COURSE EVALUATION

Student Name: _____ Course Date: _____

Instructor Name: _____ Instructor #: _____

Course Location: _____

INSTRUCTOR:	Excellent	Good	Average	Fair	Poor
Professionalism					
Organization					
Subject Knowledge					
Encouragement/Helpfulness					
Fairness					
Presentation Ability					

MATERIAL:	Excellent	Good	Average	Fair	Poor
Student Workbook					
Course Video					

CONTENT:	Excellent	Good	Average	Fair	Poor
Comprehensive					
'Hands On' Time					

FACILITY:	Excellent	Good	Average	Fair	Poor
Equipment					
Comfort					
Space for Practice					

OVERALL:			
• The course met my training needs.	Yes	No	
• I would use the Instructor again.	Yes	No	
• I feel prepared to use the skills I learned.	Yes	No	

ADDITIONAL COMMENTS: