Center for Early Professional Childhood Development
Student Course Evaluation

Instructor Name ________________________________
Course Name ________________________________
Today's Date ________________________________

Please use either a pencil or a pen to completely fill in one circle that best answers each question. If you make changes, fully erase your first answer. Thank you for sharing your opinions. They are very important to us.

LOGISTICS

1. The classroom was comfortable.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Neutral
   - [ ] Agree
   - [ ] Strongly Agree

2. Each class started on time.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Neutral
   - [ ] Agree
   - [ ] Strongly Agree

3. Each class met as scheduled.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Neutral
   - [ ] Agree
   - [ ] Strongly Agree

EDUCATOR

4. The way the Educator presented the course material gave me the opportunity to learn using my eyes, ears, and hands.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Neutral
   - [ ] Agree
   - [ ] Strongly Agree

5. I had the opportunity to work by myself, in small groups, and in large groups during the course.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Neutral
   - [ ] Agree
   - [ ] Strongly Agree

6. The Educator adequately covered learning objectives.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Neutral
   - [ ] Agree
   - [ ] Strongly Agree

7. The Educator allowed enough time for discussion opportunities, comments, and questions.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Neutral
   - [ ] Agree
   - [ ] Strongly Agree

OVERALL CLASS INSTRUCTION

8. I knew this topic well before taking this class.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Neutral
   - [ ] Agree
   - [ ] Strongly Agree

9. I did not know this topic before taking this class. I learned a lot.
   - [ ] Strongly Disagree
   - [ ] Disagree
   - [ ] Neutral
   - [ ] Agree
   - [ ] Strongly Agree

10. The class sessions included information relevant to my job.
    - [ ] Strongly Disagree
    - [ ] Disagree
    - [ ] Neutral
    - [ ] Agree
    - [ ] Strongly Agree

11. The class sessions will help me reach my long-term career goal.
    - [ ] Strongly Disagree
    - [ ] Disagree
    - [ ] Neutral
    - [ ] Agree
    - [ ] Strongly Agree

12. I will use the information that I have learned in class at my facility.
    - [ ] Strongly Disagree
    - [ ] Disagree
    - [ ] Neutral
    - [ ] Agree
    - [ ] Strongly Agree

13. How will the material presented in this class benefit you in your job?

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14. What work habits or changes do you plan on making as a result of the information you learned from this class? Please describe.

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15. What was the MOST helpful aspect of this class?

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________________________________________________________________________________________

16. What was the LEAST helpful aspect of this class?

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17. What recommendations do you have for improving this class?

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18. How did you hear about this training? Please check one.

☐ Newsletter    ☐ Mailing    ☐ Director    ☐ Friend/Coworker    ☐ CEC PD Website    ☐ Other

19. Other Comments.

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