

Course Evaluation

Instructions: Please respond to the eight items below to the best of your ability by assigning a score between 1 to 5 to each item. 1 is the lowest rating (*very poorly*) and 5 is the highest rating (*very strongly*). Provide additional feedback in the comments section on program strengths or suggestions for improvements. If the item is not applicable, select *NA*.



PROGRAM TITLE: _____

DATE COMPLETED: _____

NAME (Optional): _____

ITEMS:	1	2	3	4	5	NA
Were stated course learning objectives met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the course materials sufficient for meeting the objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the CE hours listed appropriate to the course requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the free downloads helpful for meeting the course objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the audio and video materials effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the instructor knowledgeable and effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the course advance your clinical knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the course contribute to your professional identity development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Please scan and email to: info@thecounseloredge.com