## **Sample Course Evaluation Form**

Course Evaluatio	n:				
Course Title:				Date(s) of Course	
Course Sponsor:				Location:	
					o give feedback on the course you have just lation to improve this course.
Please check the appropriate blank and offer any comments you may have about the course:					
Element	Excellent	Good	Fair	Poor	Comments
Quality of Instruction					
Relevance of Material					
Organization of Course					
Participation					
Interest of Material					
Facility Conditions					
Overall Evaluation					
Overall Evaluation					
Please answer the following questions:  Would you recommend this course to others in your profession? () Yes () No; Why?					
What(if any) public health skill/knowledge did you acquire as a result of attending this course?					
Suggested course topics*					
Additional Comments:					