

CSIM Course Evaluation Form

Please read the following statements and rate your responses to the educational course provided. Please rate the faculty, the quality of the course, and if the course met your needs. Thank you.

Course Name: _____

Faculty Presenter: _____ Date: _____

Rating Scale: 1=Not Good, 3=Good, 5=Excellent

1.) What is your application? _____

2.) Did the course meet your needs? 1 2 3 4 5

3.) Was the material relevant to your work? 1 2 3 4 5

4.) Was the faculty prepared? 1 2 3 4 5

5.) Was the faculty knowledgeable of the material? 1 2 3 4 5

6.) How effective was the instructor? 1 2 3 4 5

7.) Was the classroom appropriate for the course? 1 2 3 4 5

8.) Was the course: too short? too long? just right?

9.) How can we improve this course? _____

10.) What additional features would you like to see in CSIM? _____

11.) Additional comments: _____
