Course evaluation

Tell us about this course so we can improve it for future students. The form does not ask for your name.

Questions marked * are required.

Completed by _____ Date _____

1 The course

Why we ask: So we can see which parts of the course worked and which need attention.

1. Course name *

_____

2. Instructor's name

_____

3. Overall course rating *

Circle one.

Lowest (1) (2) (3) (4) (5) Highest

4. The instructor explained concepts clearly

Circle one.

Strongly disagree (1) (2) (3) (4) (5) Strongly agree

5. How much do you agree with each statement?

Tick one in each row.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The course goals were clear	○	○	○	○	○
The materials helped me learn	○	○	○	○	○
Assignments matched what was taught	○	○	○	○	○
The workload was manageable	○	○	○	○	○
I could get help when I needed it	○	○	○	○	○

6. Pace of the course

Tick one.

○ Too slow ○ About right ○ Too fast

2 Your experience

Why we ask: To plan the next run of the course around what helps students most.

7. **Hours a week spent on the course outside class**

Tick one.

◯ Under 2 ◯ 2 to 4 ◯ 5 to 7 ◯ 8 or more

8. **What helped you learn the most?**

A lesson, an activity, a resource…

9. **What would you change?**

Content, format, materials…

10. **Would you recommend this course to another student?**

Tick one.

◯ Yes ◯ Maybe ◯ No

If you chose “Maybe” in question 10 or you chose “No” in question 10.

11. **What would make it worth recommending?**

Thanks for your feedback!

It helps us improve the course for future students.