### JOHN A. LOGAN COLLEGE
CONTINUING EDUCATION COURSE EVALUATION

Class ____________________________  Instructor ____________________________

Location ____________________________  Date ____________________________

**Instructions:**

Please assist us in our program improvement efforts by evaluating the Continuing Education course in which you are currently enrolled in. Rate each item using a scale of 5 to 1 with 5 being the highest and 1 being the lowest. (Circle your choice on each item.)

This evaluation will be kept confidential and used only for the improvement of instruction and courses.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Were course goals and objectives clearly stated before instruction began?</td>
</tr>
<tr>
<td>4</td>
<td>Did the instructor display adequate knowledge of the subject matter?</td>
</tr>
<tr>
<td>3</td>
<td>Was the instructor present and on time for all class sessions?</td>
</tr>
<tr>
<td>2</td>
<td>Was the instructor able to communicate subject material effectively?</td>
</tr>
<tr>
<td>1</td>
<td>Did the instructor help you to understand difficult concepts?</td>
</tr>
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<td>1</td>
<td>Did the instructor seem to be sensitive to the needs of all the students regardless of their abilities?</td>
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<td>1</td>
<td>Did the content of the course conform to the published description of it?</td>
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<td>1</td>
<td>Was the course an enjoyable experience for you?</td>
</tr>
<tr>
<td>1</td>
<td>How would you rate the overall quality of this Continuing Education course?</td>
</tr>
<tr>
<td>1</td>
<td>Would you recommend this course to someone else you know?</td>
</tr>
</tbody>
</table>

1. **What suggestions or recommendations would you make to improve this course?**

   ____________________________________________________________

   ____________________________________________________________

2. **Are there any new courses you would like to see offered in our Continuing Education program?**

   ____________________________________________________________
3. Please list the days of the week you would prefer to take a class.

   First Choice __________  Second Choice __________  Third Choice __________

4. What are the best times in the evening for you to take a course?

   _____ 4:00-6:00 P.M.  _____ 5:00-7:00 P.M.  _____ 6:00-8:00 P.M.
   _____ 7:00-9:00 P.M.  _____ 8:00-10:00 P.M.

5. Was the system for registering for your class convenient? If no, please offer suggestions as to how we can improve?

   _____ Yes  _____ No  __________________________________________________________

6. How did you hear about this class? (Please check one.)

   _____ JALC Continuing Education registration website
   _____ Continuing Education Brochure
   _____ Listing of classes in newspaper
   _____ Press release in newspaper
   _____ Radio Station
   _____ Community Coordinator  _____ Friend  _____ Other

   Thank You For Making Our Continuing Education program a success!

   Dr. Barry R. Hancock
   Dean for Community Education

   11/10/15