Seminar Evaluation



We are fully committed to providing an informative and enjoyable Biblical learning experience. An integral part of this improvement is the feedback we receive from our students. Please take the time to evaluate us, and give us any suggestions.

|  |  |
| --- | --- |
| Course Information | |
|  |  |
| Course Name: |  |
|  |  |
| Date (mm/dd/yy): |  |
|  |  |
| Instructors: |  |
|  |  |
|  |  |
|  |  |
| Student Information | |
|  |  |
| Student Name: |  |
|  |  |
| 🞎 | YES, please contact me about future seminars and special events. |
|  |  |
| Address: |  |
|  |  |
|  |  |
|  |  |
| Email: |  |
|  |  |
| Telephone Number: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Instructor | **Excellent** | **Good** | **Satisfactory** | **Poor** | **Unacceptable** |
|  |  |  |  |  |  |
| 1. Instructor(s) knowledge: | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Did the instructor(s) manage class time efficiently? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. The instructor’s willingness to answer questions: | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. The presentations and demonstrations: | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  |  |  |  |  |  |
| Course Design |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. Were the exercises clear? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Were the exercises complementary to the material? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Could you complete the exercises on time? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Within the time available, was there: |  |  |  |  |  |
| 🞎 Too much material covered |  |  |  |  |  |
| 🞎 Just the right amount of material covered |  |  |  |  |  |
| 🞎 Not enough material covered |  |  |  |  |  |
|  |  |  |  |  |  |
| Facility |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. Was the classroom comfortable? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Your overall impression of the facility was: | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  |  |  |  |  |  |
| Overall |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. Overall how would you rate this seminar? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Comments | | | | | |