

University of Colorado Denver
 School of Education & Human Development
 Division of Continuing and Professional Education

Course/Event Evaluation Form

Course Number: **T ED 500-083** Semester: **Spring 2009**
 Course Title: **St: Colorado Language Arts Society Spring Regional Conference**
 Instructor of Record: **Stevi Quate** Date: **3/5/2009-3/8/2009**
 Teaching Instructor1: **Stevi Quate** Teaching Instructor2:

Please rate each of the following. Circle the rating of your choice and feel free to add your comments. Your opinions and comments are important to us. Each response will be carefully read and reviewed.

	<u>Excellent</u>	<u>Fair</u>	<u>Poor</u>
What is your opinion of the course or event?			
1. Format	6	5	4
2. Length	6	5	4
3. Accuracy of information presented	6	5	4
4. Relevance or practicality of information	6	5	4
5. Overall rating	6	5	4

Comments: _____

What is your opinion of the instructor(s)/presenter(s)?						
1. Knowledge and coverage of the subject	6	5	4	3	2	1
2. Organization and presentation skills	6	5	4	3	2	1
3. Ability to stimulate interest & participation	6	5	4	3	2	1
4. Responsiveness to questions	6	5	4	3	2	1
5. Overall rating	6	5	4	3	2	1

Comments: _____

Would you recommend this course/event to others? ___ Yes ___ No
 Would you take another course from this/these instructor(s)? ___ Yes ___ No

How did you learn about this course/event? _____

Thank you for your time and assistance!

This form is intended to be anonymous. We very much appreciate your cooperation in completing it as we work to improve our courses and programs. Completed forms may be collected on site and mailed to: UCD School of Education & Human Development; Continuing and Professional Education; CB 106; PO Box 173364; Denver, CO 80217-3364. Individual forms may also be faxed to 303-315-6313.