

Spartanburg Technical College Continuing Education Department

Community Interest Course & Instructor Evaluation

Name of Course: _____ Date: _____

Instructor: _____

Please rate the following areas:

I. Check the appropriate column that best reflects your evaluation of the course.

	Excellent	Good	Improvement Needed
Length of Course	_____	_____	_____
Discussion Time	_____	_____	_____
Meeting Facilities	_____	_____	_____
Knowledge of Skill Gained	_____	_____	_____

II. Check the appropriate column that best reflects your evaluation of the instructor(s).

	Outstanding	Average	Fair
Instructor's interest in subject	_____	_____	_____
Instructor's knowledge of subject matter	_____	_____	_____
Instructor's presentation of subject matter	_____	_____	_____
Instructor's qualifications appear	_____	_____	_____
Explanation of subject matter	_____	_____	_____
Demonstration of subject matter	_____	_____	_____

III. Would you recommend this class to a friend? Yes _____ No _____

IV. Please list any other programs that you would like to have offered.

V. Additional Comments: _____

VI. How did you learn about this program?

Web site _____ Newspaper _____ Brochure _____ Other (please specify) _____

I grant permission to share my comments with instructors and to use in marketing (optional).

Include me in the SCC CCE email list for future class offerings. Provide your email address below.

Email: _____ ex: you@yourhost.com(optional)

Name: _____(optional)