School of Continuing Education
YOUTH ENRICHMENT SERIES (YES)

EVALUATION FORM

*TO BE COMPLETED BY THE STUDENT

Date: ____________________________________________________

Program Title: ____________________________________________

Campus/Site Location: _____________________________________

Instructor: _______________________________________________

Class Size: _______________________________________________

Circle One

1. Was the instructor knowledgeable about the topic presented? YES NO

2. Was the presentation easy to understand? YES NO

3. Was the program relevant to student needs? YES NO

4. Were the students engaged with the presented materials? YES NO

5. Was enough time allotted for the materials covered? YES NO

6. What additional Continuing Education programs you would like to see offered?

_______________________________________________________________________
_______________________________________________________________________

Comments:

_______________________________________________________________________
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CE QA – YES 7/2009