School of Continuing Education  
YOUTH ENRICHMENT SERIES (YES)  

SCHOOL TEACHER EVALUATION

*TO BE COMPLETED BY SCHOOL TEACHER

Date: ________________________________  
Program Title: ________________________________  
Campus/Site Location: ________________________________  
Instructor: ________________________________  
Class Size: ________________________________

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:
   ________________________________________________________________
   ________________________________________________________________

CE QA – YES 7/2009