



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: _____

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:

