

## Evaluation Form

Return to NDSU Distance & Continuing Education after completion of the course.

**Title:**  
**Instructor:**  
**Location:**  
**Date:**

5 = Excellent    4 = Good    3 = Average    2 = Below Average    1 = Poor

**Please Rate:**

Workshop Presentation	5	4	3	2	1
Workshop Preparation	5	4	3	2	1
Workshop Materials	5	4	3	2	1
Ease In Understanding	5	4	3	2	1
Concern for Individuals	5	4	3	2	1
Group Participation	5	4	3	2	1
Facilities	5	4	3	2	1
Time Workshop was Offered	5	4	3	2	1

**Please Comment:**

Positive areas:

Areas where course can be improved:

Suggested topics for future courses:

How did you find out about this course?

Would you like to offer a testimonial?    Y    N

If so, please include your first name and city \_\_\_\_\_

(Your testimonial will not be tallied in the results of the evaluation.)

Your testimonial:

Would you be interested in teaching a course for us or do you need a course specifically for your school? If so, please contact Barb Schumacher at 800-726-1724 or 701-231-7852. Check our web site: [www.ndsu.edu/dce](http://www.ndsu.edu/dce) for upcoming face-to-face, online or print-based courses.

Thank You!