

Course Evaluation Form

BOO! Don't Be Afraid of Stigmatized Properties

Name: _____

Completion Date: _____

- On a scale of 1 to 5 (1 being low and 5 being high) rate your instructor on the following:

Demonstrated knowledge of course content	1 2 3 4 5
Inspired interest in subject matter	1 2 3 4 5
Encouraged feedback on course content	1 2 3 4 5
Provided substantial resource material to support topic	1 2 3 4 5
Instructor's support of student	1 2 3 4 5

- On a scale of 1 to 5 (1 being low and 5 being high) rate the content & materials on the following:

Content was relevant; helped me to learn the subject matter	1 2 3 4 5
Supplementary course materials (case studies, articles, charts/graphs, etc.) were valuable	1 2 3 4 5
Review questions/final exam accurately measured what I learned	1 2 3 4 5
Content provided clear course objectives and expectations	1 2 3 4 5

continued on next page

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- **On a scale of 1 to 5 (1 being low and 5 being high) rate the course delivery method on the following:**

Technology support needed/received while taking this course	1	2	3	4	5
Ease of use with course access, links, etc.	1	2	3	4	5
Satisfaction with the self-paced structure	1	2	3	4	5

Please answer the following questions:

How was the orientation session accomplished: _____

Who answered your questions regarding course content: _____

Were they able to sufficiently help you? If not, please explain: _____

What suggestions do you have to improve this program: _____
