



STUDENT EVALUATION FORM FOR EDUCATION COURSE

SUBMIT TO:
IOWA DEPT. OF PUBLIC SAFETY

215 EAST SEVENTH STREET
DES MOINES, IA 50319

STUDENT EVALUATION FORM FOR EDUCATION COURSE

Date: _____ Phone: _____

Student Name: _____

Instructor Name: _____ Instructor # _____

Course Name: _____ Course # _____

Location of Class: _____

Time: _____ Date: _____
(Hours Class Held) (Date(s) Class Held)

Please rate your instructor and course on a scale of one to four in the following categories. Circle your choice.

	POOR	FAIR	GOOD	EXCELLENT
1. Instructor/class started and ended on time	1	2	3	4
2. Instructor's delivery of subject matter	1	2	3	4
3. Instructor's level of preparation for the class	1	2	3	4
4. Instructor's knowledge of the subject	1	2	3	4
5. Instructor's ability to answer questions	1	2	3	4
6. Overall evaluation of the instructor	1	2	3	4
7. Course's depth of coverage	1	2	3	4
8. Course covered materials as advertised	1	2	3	4
9. Materials (handouts)	1	2	3	4
10. Practicality/usefulness of the course	1	2	3	4
11. Registration/sign-up process	1	2	3	4

Comments: