# ARELLO

## Distance Education Course Evaluation Form

*This form can be used as a guide for creating your own evaluation form. Please note that ALL the items on this form will be considered at recertification. This evaluation form is meant to represent the minimum requirements for what needs to be on your organization's course evaluation form.*

Name: _____

Course: _____ Completion Date: _____

School: _____ Delivery Method: _____

Instructor: _____

| **Instructor:** | low | | | | high | |
|---|---|---|---|---|---|---|
| Orientation was thorough and clear | 1 | 2 | 3 | 4 | 5 | |
| Demonstrated knowledge of course content | 1 | 2 | 3 | 4 | 5 | |
| Encouraged feedback and questions | 1 | 2 | 3 | 4 | 5 | |
| Responded to my questions quickly | 1 | 2 | 3 | 4 | 5 | |
| Instructor's support of student | 1 | 2 | 3 | 4 | 5 | |
| Instructor/student interaction | 1 | 2 | 3 | 4 | 5 | |
| **Content/Materials:** | | | | | | |
| Organization of content | 1 | 2 | 3 | 4 | 5 | |
| Course objectives clearly stated | 1 | 2 | 3 | 4 | 5 | |
| Content was what I expected | 1 | 2 | 3 | 4 | 5 | |
| Value of resource materials | 1 | 2 | 3 | 4 | 5 | |
| Ease of use of software if CBT | 1 | 2 | 3 | 4 | 5 | n/a |
| **Delivery Method:** | | | | | | |
| Satisfied with my learning experience | 1 | 2 | 3 | 4 | 5 | |
| Course provided interactivity with instructor | 1 | 2 | 3 | 4 | 5 | |
| Course provided interactivity with other students | 1 | 2 | 3 | 4 | 5 | |
| Program met my needs | 1 | 2 | 3 | 4 | 5 | |
| Degree of problems with self paced instruction | 1 | 2 | 3 | 4 | 5 | |
| If this course utilized any technologies, such as the Internet or TV, please rate your satisfaction with the technologies. | 1 | 2 | 3 | 4 | 5 | n/a |

How was the orientation session accomplished?

If this was a pre or post license course, were you given either state exam information or original licensing information in the orientation session?

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?

Signed: _____ Date: _____

SAMPLE

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