

## **CLASSROOM COURSE EVALUATION**

P.O. Box 12188, Austin, Texas 78711-2188

Provider/School Name							
Instructor Name  Title of Course  Dates Course Completed  Your Name (optional)							
				Email Address (optional)			
				Were the course objectives clearly stated or presented?	Yes	Somewhat	<u>No</u>
				<ol> <li>Was the course content relevant to your needs in the practice real estate appraisal?</li> </ol>		0	0
3. Did the course fulfill its stated objectives?	$\circ$	$\circ$	$\circ$				
4. Do you feel that your knowledge and competence in this subjematter has increased?	ect O	O	$\circ$				
5. Would you take another class via this delivery method?	$\circ$	$\circ$	$\circ$				
6. Were instructions regarding the TALCB and school rules attendance, credit, breaks and course evaluation clearly stated the beginning of the course?	on O at	O	0				
7. Did the course start and end on time and adhere to schedule breaks?	ed 🔘	0	$\circ$				
8. Was attendance monitored by the provider at all times?	$\circ$	$\circ$	$\circ$				
9. Was the instructor prepared for each course session?	$\circ$	$\circ$	$\circ$				
10. Did the instructor show a thorough knowledge of course material?		$\circ$	$\circ$				
11. Did the instructor encourage feedback and class participation?	$\circ$	$\circ$	$\circ$				
12. Would you take another course from this provider?	0	0	0				
Do you have any additional comments regarding this course or the pro-	ovider?						