

SOUTHERN CONNECTICUT STATE UNIVERSITY
Registrar's Office
Non-Credit Program Evaluation

Title _____

Date _____

Please complete this form and submit it to _____
Thank you.

I. Which of the following best describes you?

_____ Administrator

_____ Teacher

_____ Student

_____ Other: (specify) _____

II. Please indicate your level of agreement with the following statements by circling the appropriate abbreviation to the left of each statement.

SA=STRONGLY AGREE A=AGREE D=DISAGREE SD=STRONGLY DISAGREE

SA A D SD 1. The program was well organized and planned.

SA A D SD 2. The program was worthwhile for my professional/personal growth.

SA A D SD 3. I will be able to apply what I learned at this program to my work.

SA A D SD 4. The speaker was effective.

SA A D SD 5. Information presented was new and up-to-date.

SA A D SD 6. There was adequate opportunity to direct questions to the speaker(s).

SA A D SD 7. Physical accommodations were comfortable.

SA A D SD 8. The meeting time (hour and length) was convenient.

SA A D SD 9. The meeting place was convenient.

SA A D SD 10. My expectations, based on the published course description, were fulfilled

SA A D SD 11. Receipt of CEU was important to me.

III. Compared with other programs of a similar format, how would you rate this program, overall?

____Superior ____Above Average ____Average ____Below Average ____Inferior

IV. Please rate the speakers' performance, including information presented, style, level, handling of questions and use of visual aids, by circling the appropriate letter to the left of the speaker's name.

E=EXCELLENT G=GOOD F=FAIR P=POOR

E G F P

V. Please list non-credit activities you would like to have covered in the future.

VI. COMMENTS. Please comment on this course and give suggestions for improving future courses.

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