



Transforming Our Community...  
One Student at a Time

Cranford Campus  
(908) 709-7600

Elizabeth Campus  
(908) 527-7258

## Continuing Education Evaluation Form

<b>Course Name:</b> _____	<b>Course Code:</b> _____
<b>Instructor:</b> _____	<b>Date:</b> _____

Your completion of this evaluation form will help us determine the effectiveness of this course and/or whether it needs to be changed in some way to better satisfy your needs and the needs of future participants.

A. Please circle: **1 = Poor**   **2 = Below Average**   **3 = Fair**   **4 = Good**   **5 = Excellent**

- |    |   |   |   |   |   |   |
|----|---|---|---|---|---|---|
| 1. | I rate the subject content of this course as:       | 1 | 2 | 3 | 4 | 5 |
| 2. | The course met my expectations:                     | 1 | 2 | 3 | 4 | 5 |
| 3. | The instructor's knowledge of his/her material was: | 1 | 2 | 3 | 4 | 5 |
| 4. | The instructor's organization skills were:          | 1 | 2 | 3 | 4 | 5 |
| 5. | The instructor demonstrated a concern for students: | 1 | 2 | 3 | 4 | 5 |
| 6. | Overall, I rate this course as:                     | 1 | 2 | 3 | 4 | 5 |

B. What was your primary reason for taking this course?

---

---

C. What did you find to be most valuable in this course?

---

---

D. What improvements would you suggest for this course?

---

---

E. What other courses would you like to see offered at Union County College?

---

---

F. How did you learn about this course?

---

---