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COURSE EVALUATION

Please enter the appropriate number from the following scale:

Poor					Excellent
1	2	3	4	5	

Course Name or Code: _____

1.) How well did this course meet its stated objectives? _____

2.) Was the material presented in a clear and concise manner? _____

3.) How would you rate the usefulness of the material? _____

4.) How interesting did you find the material to be? _____

5.) Did this course meet your learning needs and objectives? **YES** **NO**

6.) Were the contact hours awarded appropriate? **YES** **NO**
If not, how many would you recommend? _____

7.) Would you recommend this course to others? **YES** **NO**

8.) Does this course need improvement? **YES** **NO**
If so, how can we improve it?

9.) What topics would you like to see offered in the future?

10.) What can we do, or what services can we offer to help make your learning experience easier and more enjoyable?