

# CCSD Department of Educational Technology

Course Evaluation — Please take a moment to give us your feedback.

Instructor Name:	
Course Dates:	
Course Title:	

---

What did you learn during this course?

---

Please rate the instructor. (1 = unsatisfactory; 5 = excellent)

1

2

3

4

5

---

Please comment on the instructor.

---

What is your overall impression of this offering?

---

Do you have any suggestions or requests?

---

Today's Date: \_\_\_\_\_

Thank you for your time.