

Burnaby COMMUNITY & CONTINUING EDUCATION

BCCE Student Course Evaluation

Please tell us how you liked the course because your ideas are important to us. Put completed sheet in the envelope provided.

Course Name: _____

Date: _____

Instructor: _____

	<u>Excellent</u>	<u>OK</u>	<u>Needs improvement</u>
1. Rate the knowledge of the instructor.	_____	_____	_____
2. Rate the teaching style of the instructor.	_____	_____	_____
3. How did you like the classroom setting?	_____	=====	_____
4. How did you like the course?	_____	_____	_____

What did you like best about the course? _____

Do you have suggestions for improving the course? _____

Would you recommend this course to a friend? Yes _____ No _____

Other Comments _____

How did you find out about this course? _____