

# INSTRUCTOR'S SUMMARY OF STUDENT EVALUATIONS QUALIFICATION EDUCATION PROGRAM

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION

## MAINE REAL ESTATE COMMISSION

35 State House Station, Augusta, ME 04333-0035  
PH 207-624-8518 TTY users call Maine Relay 711  
[www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Summarize students' responses below. Record comments on a separate sheet of paper and attach to this form. This summary must be submitted with the course enrollment report within 30 days of conclusion of the program. Retain original evaluations and a copy of this summary for your records.

PROGRAM SPONSOR/SCHOOL \_\_\_\_\_  
 COURSE (check one):  SALES AGENT  ASSOCIATE BROKER  DESIGNATED BROKER  
 DATE M/\_\_\_ D/\_\_\_ Y/\_\_\_ LOCATION \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

**RECORD THE NUMBER OF REPOSES IN EACH CATEGORY:**

**COURSE MATERIAL:**

- Course objectives were clear.
- Course objectives were met.
- Course material was well organized.
- Course material was presented in sufficient depth.
- I would recommend this program to my colleagues.

**COMPLETE IF LIVE/CLASSROOM SETTING:**

- The instructor was knowledgeable in the subject.
- The teaching methods used by the instructor were effective.
- Instructor communicated subject matter well.
- Instructor supervised course well.

**COMPLETE IF DISTANCE LEARNING SALES AGENT PROGRAM:**

- The course website was easy to navigate.
- Instructions for using course materials were clear.
- Technical support was readily available.

	Strongly Disagree				Strongly Agree
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	

Please describe any changes you plan to make to this program after review of evaluations. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any substantial change in the course syllabus must be reported to the Director.

\_\_\_\_\_  
 Instructor's Signature Date