



# STUDENT EVALUATION FORM FOR EDUCATION COURSE

SUBMIT TO:  
IOWA DEPT. OF PUBLIC SAFETY

215 EAST SEVENTH STREET  
DES MOINES, IA 50319

## STUDENT EVALUATION FORM FOR EDUCATION COURSE

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Instructor # \_\_\_\_\_

Course Name: \_\_\_\_\_ Course # \_\_\_\_\_

Location of Class: \_\_\_\_\_

Time: \_\_\_\_\_ (Hours Class Held) Date: \_\_\_\_\_ (Date(s) Class Held)

Please rate your instructor and course on a scale of one to four in the following categories. Circle your choice.

|  | POOR                     | FAIR                     | GOOD                     | EXCELLENT                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Instructor/class started and ended on time      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Instructor's delivery of subject matter         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Instructor's level of preparation for the class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Instructor's knowledge of the subject           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Instructor's ability to answer questions        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Overall evaluation of the instructor            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Course's depth of coverage                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Course covered materials as advertised          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Materials (handouts)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Practicality/usefulness of the course          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Registration/sign-up process                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: