

Bucks County Community College Department of Public Safety Training and Certification

1760 South Easton Road Doylestown, PA 18901 Ph: 215.340.8417 Fax: 215-343-6794

Course Evaluation

Course Number FSC:		Eval	uation D	ate:			
Course Name:	e Name:				Location:		
Course Instructor(s):	-						
Please rate the course using the form 1 = poor, 2 = fair, 3 = good, 4						r responses. Additional Comment(s)	
Time Allocation for Course:	1	2	3	4	5		
Instructor's Professional Appearance and Mannerisms:	1	2	3	4	5		
Course Quality & Content:	1	2	3	4	5		
Attitude towards Students:	1	2	3	4	5		
Facility, Training Aids, & Equipment:	1	2	3	4	5		
Explanation of Course Objectives:	1	2	3	4	5		
Inst. Knowledge of Subject Matter:	1	2	3	4	5		
Organization of Presentation:	1	2	3	4	5		
Reference Materials & Hand-outs:	1	2	3	4	5		
Evidence of Inst. Preparation:	1	2	3	4	5		
Quality of Practical Training:	1	2	3	4	5		
Instructor Availability and Willingness to Assist Students:	1	2	3	4	5		
Would you recommend this course to	o oth	ers?	Yes		No		
How did you hear about this course?	Fir	e Co.	Websit	te W	ord of M	outh Other	
Comments:							
Should you wish to speak personally comments and suggestions. Thank you							
Print Name:				Day	Phone #:_	Revised Last: October 2010	
						Revised Last: October 2010	