

# Course Evaluation Form

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
DOB: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_  
Instructor: \_\_\_\_\_ Location: \_\_\_\_\_  
Course Title: \_\_\_\_\_

1. Using the scale below, how would you rate the class overall? (please circle)

A B C D F

Explain: \_\_\_\_\_

2. Using the scale below, how would you rate the quality of the course materials? (please circle)

A B C D F

Explain: \_\_\_\_\_

3. Using the scale below, how would you rate the power point presentation? (please circle)

A B C D F

Explain: \_\_\_\_\_

4. Using the scale below, how would you rate the instructor at explaining the concepts of the course? (please circle)

A B C D F

Explain: \_\_\_\_\_

5. Did the course meet or exceed your expectations? ☐ Yes or ☐ No

6. Would you recommend this course to a friend? ☐ Yes or ☐ No

7. Do you know a Business, Organization or a Church that would benefit from a FREE AFEA Workshop?

If yes, \_\_\_\_\_  
(Business/Organization/Church Name) (Location of Business/Organization/Church)

\_\_\_\_\_  
(Contact Name/Title) (Phone Number)

**This course includes a free one hour strategy session with your instructor. To request an appointment choose from the options below:**

☐ **Yes I would like to take advantage of the Free Strategy session!**

**What time of day is best for you?** ☐ **Morning** ☐ **Afternoon** ☐ **Evening**