

Course Evaluation

We will retain this form in our course records which may be audited by the Department of Insurance

Name of Provider: _____

Name of Course: _____

Instructor Name: _____ Date of course: _____

Instructor	Yes	No
Instructor was well prepared to teach	<input type="checkbox"/>	<input type="checkbox"/>
Instructor's presentation was clear and logical	<input type="checkbox"/>	<input type="checkbox"/>
Instructor kept the pace of the class appropriate given the varying levels of experience of the course participants	<input type="checkbox"/>	<input type="checkbox"/>
Instructor made you feel comfortable throughout the class	<input type="checkbox"/>	<input type="checkbox"/>
Instructor behaved in a professional manner	<input type="checkbox"/>	<input type="checkbox"/>
Instructor encouraged active participation	<input type="checkbox"/>	<input type="checkbox"/>
Instructor answered your questions satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>

Course	Yes	No
Material covered was relevant to class	<input type="checkbox"/>	<input type="checkbox"/>
Material covered has practical value	<input type="checkbox"/>	<input type="checkbox"/>
All course material was adequately explained	<input type="checkbox"/>	<input type="checkbox"/>

Other	Yes	No
Was the class environment conducive to learning?	<input type="checkbox"/>	<input type="checkbox"/>
Were the Provider, Course and Instructor approval documents displayed and noted?	<input type="checkbox"/>	<input type="checkbox"/>

Overall Evaluation

Was the course worth the time and/or money you expended? Yes No

Additional Comments:

COMPLETED FORMS CAN BE SENT TO

Fax: (866) 333-2006

Email: processing@netstudy.com