



SASKATCHEWAN ASSOCIATION OF ARCHITECTS

# CONTINUING EDUCATION COURSE EVALUATION FORM

The SAA would ask that you share your remarks and comments with us about this session. Please return this form to the course provider upon completion.

ORGANIZATION NAME

SESSION TITLE

COURSE PROVIDER

DATE AND LOCATION

## OBJECTIVES

1 Poor → 5 Excellent

Were the course objectives realized and clearly stated?

1 2 3 4 5

The learning results you expected were realized by this course?

1 2 3 4 5

The scope and relevance of material at the appropriate level.

1 2 3 4 5

COMMENTS

## SPEAKERS

The provider was knowledgeable and promoted active learning.

1 2 3 4 5

The provider an interactive learning component.

1 2 3 4 5

The provider was a good communicator.

1 2 3 4 5

COMMENTS



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## CONTENT

1 Poor → 5 Excellent

Was the content consistent with stated objectives?

1 2 3 4 5

Was the content organized in a manner, which allowed you to learn comfortably?

1 2 3 4 5

Was the content current and consistent with core learning activities?

1 2 3 4 5

## COMMENTS

## TEACHING METHODS

Were the teaching methods appropriate for the subject matter?

1 2 3 4 5

Was the provider/instructor an expert in his field?

1 2 3 4 5

## COMMENTS

## SUGGESTIONS

Please identify the current and future needs of the architectural profession and topics you would like to see presented: