



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

Were the learning results you expected realized by this course? 1 2 3 4 5

Was the scope and relevance of material at the appropriate level? 1 2 3 4 5

COMMENTS: _____

Content

1=Poor → 5=Excellent

Was the content consistent with stated objectives? 1 2 3 4 5

Was the content organized in a manner that 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: _____

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Speakers

1=Poor → 5=Excellent

Was the provider knowledgeable, and did they promote active learning?	1	2	3	4	5
Did the provider facilitate an interactive learning component?	1	2	3	4	5
Was the provider a good communicator?	1	2	3	4	5

COMMENTS: _____

Teaching Methods

1=Poor → 5=Excellent

Were the teaching methods appropriate for the subject matter?	1	2	3	4	5
Was the provider/instructor an expert in his/her 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:
