

CARE Courses Evaluation Form

Please return this form with your answer sheet(s).



Title of Course _____ Date: _____

Optional information:
Name: _____ Address: _____
Phone number: _____ Please check here if you desire a call back:

Please respond to each item.

	Excellent	Very Good	Good	Fair	Poor
The course was well organized.					
The course objectives were clearly stated.					
Activities and assignments were relevant to objectives.					
All necessary materials and resources were provided or made readily available.					
The reading assignments were appropriate for the course.					
Written assignments were relevant to my current situation.					
Fairness of assigned work.					
Information learned can be easily applied to my profession.					

Questions:

Please take a few moments to respond to the following questions. Your answers will greatly assist us in determining how to improve continuing professional education course offerings.

1. What were the strengths and/or weaknesses of this course?
2. What changes to this course would you recommend?
3. How did this training change the way you operate within your facility?
4. What other course subject matter would interest you?

Additional Comments: