



Center for Documentary Studies at Duke University
Continuing Education | Student Evaluation Form

Your feedback is valuable to us! As we strive to maintain an excellent program for all of our students and plan for the future, we wish to hear from you. Please take a moment to answer these questions and write any additional comments you may have regarding your class experience. You may use the back of this sheet if necessary. **THANK YOU!**

Class ID: _____ Class Title: _____

Instructor: _____ Date ended: ____ / ____ / ____

1. Please rate the following factors by circling a number:

	Poor			Excellent	
a. Instructor's presentation	1	2	3	4	5
b. Usefulness of handouts/materials	1	2	3	4	5
c. Quality of class discussion	1	2	3	4	5
d. Nature of classroom space	1	2	3	4	5
e. Your overall satisfaction with the class	1	2	3	4	5

2. The class was: ____ too long ____ about right ____ too short

3. I took this class for: ____ Professional development ____ Personal enrichment
____ Other: _____

4. What did you like most about the course? _____

5. What could be improved? _____

6. How did you learn about our programs? ____ Picked up a catalog ____ the web
____ Ad in newspaper ____ Professional groups ____ Other students
____ Listservs ____ Other: _____

7. May we print your comments? ____ Yes ____ No

If yes, please sign and then print your name below:

Name: _____
signature *printed*