

**APPENDIX C – IN-SERVICE COURSE EVALUATION FORM**

**Please complete this form and return it to your instructor. He/she will return it to the Human Resource Department for review. If you wish, you may send the form directly to the Director of Human Resources.**

- Your Name (Optional): \_\_\_\_\_
- Today’s Date: \_\_\_\_\_
- Your building (Optional): \_\_\_\_\_
- Course Title: \_\_\_\_\_
- Level/subject you teach: \_\_\_\_\_

**Circle one response.**

- Course Content:    **Excellent**    **Good Average**    **Fair**    **Poor**
- Instructor:            **Excellent**    **Good Average**    **Fair**    **Poor**
- Course Impact on your teaching: **Considerable**    **Some**    **None**
- Offer Course Again:                    **Yes**            **Undecided**            **No**
- Course Followed Outline:                    **Yes**            **Sometimes**            **No**

**Comments on the course:**

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