

Course Title: _____
 Course CRN: _____
 Course Location: _____

Date: _____
 Instructor: _____
 College: _____

Directions: Your responses to the following questions will help us to assess the effectiveness of this course in meeting your goals. Please complete this form in its entirety.

Section A: Based on the scale provided, circle the response that best describes your rating for each item.

5 – Excellent 4 – Good 3- Fair 2- Poor 1 - No Opinion

1. Rate the instructor's knowledge about the subject matter.
 5 4 3 2 1
2. Rate the instructor's organization and preparation for the training.
 5 4 3 2 1
3. Rate the instructor's professionalism.
 5 4 3 2 1
4. Rate the instructor's efforts to encourage student participation.
 5 4 3 2 1
5. Rate the instructor's effectiveness at presenting the course material.
 5 4 3 2 1
6. Rate how well the course met your expectations.
 5 4 3 2 1
7. Rate the quality of the instructional materials for the course.
 5 4 3 2 1
8. Rate the performance of the instructor overall.
 5 4 3 2 1
9. Rate your overall learning experience in the course.
 5 4 3 2 1

Section B: How did you find out about this course? Pick one.

Brochure Poster Internet
 Newspaper Other _____

10. What other types of training would you like to see offered?

11. What did you most like about this class?

12. What did you like least about the class?

13. What additional training in this subject area would you like?

Section C: Complete this section only if the class included a lab.

14. Rate the condition of the equipment used in the course.
 5 4 3 2 1
15. Rate the concern shown by the instructor for student safety and care of the equipment used in the course.
 5 4 3 2 1
16. Rate the quality of the course materials used in the lab portion of the course.
 5 4 3 2 1
17. Rate the quality of the explanations and demonstrations given by the instructor.
 5 4 3 2 1
18. Rate the lab exercises that supported the instructional portion of the course.
 5 4 3 2 1

Section D: Please add me to your mailing list. (Optional)

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 Email address: _____

Check YES, if you wish to receive electronic information from HCC.
 ____ Yes, I wish to receive electronic information from HCC.

Comments:

The Corporate Training and Continuing Education Division of the college strives to provide the highest level of customer service to all we serve. It is our hope, therefore, that you will take a few additional minutes to let us know of your overall experience of Houston Community College.

OFFICES OF CORPORATE TRAINING AND CONTINUING EDUCATION:

HCC-Central	713-718-5303
HCC –Coleman	713-718-
HCC-Northeast	713-718-8119
HCC-Northwest	713-718-5722
HCC-Southeast	713-718-7580
HCC-Southwest	713-718-7720
HCC-ACT Center/Online CE	713-718-5149

Section E: Circle the letter before your answer for each item.

1. My initial contact with HCC was made by:
a. Telephone b. Online c. In person d. Mail e. Fax
2. How did you register for this course?
a. Telephone b. Online c. In person d. Mail e. Fax
3. My experience with the registration and payment process was:
a. Excellent b. Good c. Fair d. Poor e. No Opinion
4. The degree to which college personnel were helpful, courteous and friendly was:
a. Excellent b. Good c. Fair d. Poor e. No Opinion
5. The likelihood of my referring others to Houston Community College is:
a. Excellent b. Good c. Fair d. Poor e. No Opinion
6. My overall experience with Houston Community College was:
a. Excellent b. Good c. Fair d. Poor e. No Opinion



THANK YOU FOR CHOOSING HOUSTON COMMUNITY COLLEGE AS YOUR TRAINING PROVIDER AND WE LOOK FORWARD TO SERVING YOU AGAIN IN THE FUTURE.