## **DELAWARE REAL ESTATE COMMISSION**

## **Course Provider Evaluation Reporting Form**

| Instructor Name   | Date     |        |    |         |       |                |  |
|---|----------|--------|----|---------|-------|----------------|--|
| Course Title  |          |        |    |         |       |                |  |
| Course Provider   |          |        |    |         |       |                |  |
| Course Location   | Delivery | Method | ıc | lassroo | m Z   | oom Hybrid     |  |
| Evaluation of Instructor:   | 5/Yes    | 4      | 3  | 2       | 1/No  | Average Rating |  |
| Was professional, personable, and enthusiastic                      |          |        |    |         |       |                |  |
| Was well prepared and organized                                     |          |        |    |         |       |                |  |
| Was knowledgeable of subject matter and communicated it clearly     |          |        |    |         |       |                |  |
| Encouraged class participation and feedback                         |          |        |    |         |       |                |  |
| Used pertinent examples and illustrations                           |          |        |    |         |       |                |  |
| Answered questions effectively                                      |          |        |    |         |       |                |  |
| Would you take another class with this instructor?                  |          |        |    |         | Total |                |  |
|   |          |        |    |         | Total |                |  |
| Evaluation of Course:   | 5/Yes    | 4      | 3  | 2       | 1/No  | Average Rating |  |
| Objectives were clearly stated                                      |          |        |    |         |       |                |  |
| Course content, handouts, and activities were relevant              |          |        |    |         |       |                |  |
| Class started and ended on time and was paced appropriately         |          |        |    |         |       |                |  |
| Do you feel your knowledge/competence has increased?                |          |        |    |         |       |                |  |
| Did you gain at least one thing you can implement in your business? |          |        |    |         | Total |                |  |
|   |          |        |    |         | Total |                |  |
| Evaluation of Facility (classroom only):                            | 5/Yes    | 4      | 3  | 2       | 1/No  | Average Rating |  |
| The facility was conducive to learning                              |          |        |    |         |       |                |  |
|   |          |        |    |         | Total |                |  |

Instructions to complete this form: 1) Tally the Student Evaluation forms. 2) Enter the totals above. 3) Average the Instructor/ Course/Facility ratings. To tally percentages, take the actual total divided by the maximum possible total; tally each section's percentages by dividing the actual total by the maximum possible total.
4) Have the instructor sign this form. 5) Summarize all comments on another sheet of paper and submit it with this form. 6) Include copies of the Course and Instructor Approvals as well.

| INSTRUCTOR'S NAME | INSTRUCTOR'S SIGNATURE |  |  |
|-------------------|------------------------|--|--|
|                   |                        |  |  |
|                   |                        |  |  |