

# NEBRASKA CONTINUING EDUCATION QUESTIONNAIRE

\_\_\_\_\_  
Course Sponsor

\_\_\_\_\_  
Date of Course

\_\_\_\_\_  
Course Title and Number

Please complete the following and return it to the Continuing Education Provider.

## A. SUBJECT CONTENT:

	Too Much	Balanced	Not Enough
1. Theoretical	_____	_____	_____
2. Practical	_____	_____	_____

## B. SUBJECT LEVEL:

Too Elementary	Correct	Too Advanced
_____	_____	_____

## C. PRESENTATION:

	Excellent	Good	Fair	Poor
1. Delivery	_____	_____	_____	_____
2. Visual Aids (If applicable)	_____	_____	_____	_____
3. Manual	_____	_____	_____	_____

D. Please rate your overall reaction to this instructor and course, considering content, delivery, and general overall effectiveness. Please circle the appropriate number on the scale.

Excellent	Good-Fair					Poor			
10	9	8	7	6	5	4	3	2	1

## E. Other Comments or Suggestions for Improvement: