

Course Evaluation

Please Fax to:
866-399-2511



Course: 1031Exchange Essentials 1031Advanced Principles Other: _____

Delivery: Live DVD Online CD ROM

Instructor's Name: _____ Completion Date: _____

Instructor:

	low					high	Additional comments here, if necessary:
Demonstrated knowledge of course content.	1	2	3	4	5	_____	
(Live class):							
Encouraged feedback and questions	1	2	3	4	5	_____	
Responded to my questions quickly	1	2	3	4	5	_____	
Instructor's support of student	1	2	3	4	5	_____	
Instructor/student interaction	1	2	3	4	5	_____	

Content/Materials:

Orientation was thorough and clear	1	2	3	4	5	_____
Organization of content	1	2	3	4	5	_____
Course objectives clearly stated	1	2	3	4	5	_____
Course objectives clearly met	1	2	3	4	5	_____
Content was what I expected	1	2	3	4	5	_____
Accuracy of resource materials	1	2	3	4	5	_____
Relevance of resource materials	1	2	3	4	5	_____
Program materials contribute to learning objectives	1	2	3	4	5	_____

Delivery Method:

Satisfied with my learning experience.	1	2	3	4	5	_____
Program met my needs	1	2	3	4	5	_____
Your satisfaction with the technologies used	1	2	3	4	5	_____
Time allotted was adequate	1	2	3	4	5	_____
(DVD, Online, CD ROM, etc.):						
Degree of problems with self paced instruction	1	2	3	4	5	_____
(Live class):						
Course provided interactivity with instructor	1	2	3	4	5	_____
Course provided interactivity with other students	1	2	3	4	5	_____

Was the orientation page sufficient? _____

If applicable, were prerequisites appropriate? _____

Were facilities and/or technological equipment appropriate? _____

Were the handouts or advance preparation materials satisfactory? _____

Were the audio and video materials effective? _____

Who answered your questions regarding course content? _____

Were they able to sufficiently help you? If not, please explain. _____

What suggestions do you have to improve this program? _____

You may submit this evaluation anonymously if you choose. Or, if we have your permission to use your comments here in our promotional materials, please tell us who you are:

Full Name: _____ Title: _____

Company: _____ Phone: (_____) _____

City: _____ State: _____ Web site: _____