



Course Evaluation

Course Number FSC: _____ Evaluation Date: _____

Course Name: _____ Location: _____

Course Instructor(s): _____

Please rate the course using the following scale; please circle your responses.

1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent.

Additional Comment(s)

Time Allocation for Course: 1 2 3 4 5 _____

Instructor's Professional
Appearance and Mannerisms: 1 2 3 4 5 _____

Course Quality & Content: 1 2 3 4 5 _____

Attitude towards Students: 1 2 3 4 5 _____

Facility, Training Aids, & Equipment: 1 2 3 4 5 _____

Explanation of Course Objectives: 1 2 3 4 5 _____

Inst. Knowledge of Subject Matter: 1 2 3 4 5 _____

Organization of Presentation: 1 2 3 4 5 _____

Reference Materials & Hand-outs: 1 2 3 4 5 _____

Evidence of Inst. Preparation: 1 2 3 4 5 _____

Quality of Practical Training: 1 2 3 4 5 _____

Instructor Availability and
Willingness to Assist Students: 1 2 3 4 5 _____

Would you recommend this course to others? Yes No _____

How did you hear about this course? Fire Co. Website Word of Mouth Other _____

Comments: _____

Should you wish to speak personally about your experience, please print your name below. We value your comments and suggestions. Thank you for choosing Bucks County Community College.

Print Name: _____

Day Phone #: _____