GFOAT
Course Evaluation Form

Participant Name (Optional):_____

Course Name: Governmental Accounting Academy
Sponsor ID#009450

Instructor(s)_____ Course Date_____

Ratings is based on a scale of 1-5 with 1 being poor and 5 being excellent
Please circle the number that best reflects your overall impression of the course:

		Poor	Fair	Average	Good	Excellent
1.	Was the learning objective met?	1	2	3	4	5
2.	Was the presentation material accurate and appropriate?	1	2	3	4	5
3.	Were the prerequisite requirements appropriate?	1	2	3	4	5
4.	Was the time allotted to the learning activity appropriate?	1	2	3	4	5
5.	Was the facility appropriate? (room set-up, lighting, etc.)	1	2	3	4	5
6.	Were the program materials relevant and did they contribute to the achievement of the learning objective?	1	2	3	4	5

Please circle the number that best reflects your overall impression of the instructor:

		Poor	Fair	Average	Good	Excellent
7.	Was the instructor's knowledge appropriate for the class?					
	Instructor #1	1	2	3	4	5
	Instructor #2	1	2	3	4	5

		YES	NO
8.	Did the instructor adequately cover the course objectives?		
	Instructor #1	☐	☐
	Instructor #2	☐	☐

9. Additional comments

_____

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Please turn in an evaluation form for each day.
Thank you.