

# Course Evaluation Form

## Contact Information

First & Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

First & Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Email (s): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Instructor: \_\_\_\_\_

Preferred Method of Contact: HOME PHONE MOBILE PHONE EMAIL

Class Date: \_\_\_\_\_ Course Title: \_\_\_\_\_

**Your attendance entitles you to a coaching strategy session through your local AFEA Chapter.**

- Yes, I would like to take advantage of the **free** Strategy Session.
- Yes, I would like to receive the link to the **free** AFEA Student Dashboard.

**Please rate this course using the scale with 'A' being the highest and 'F' the lowest.**

	A	B	C	D	F	Comments:
1. Class registration was easy and convenient.....	_____	_____	_____	_____	_____	_____
2. Class location was easy to access.....	_____	_____	_____	_____	_____	_____
3. Course materials were high-quality.....	_____	_____	_____	_____	_____	_____
4. The instructor was knowledgeable about the course.	_____	_____	_____	_____	_____	_____
5. The information was applicable to me.....	_____	_____	_____	_____	_____	_____
6. Did you learn new and useful information?.....	YES ___ NO ___					_____
7. Have you attended similar workshops before?.....	YES ___ NO ___					_____
8. Did the course meet or exceed your expectations?.....	YES ___ NO ___					_____
9. Would you recommend this course?.....	YES ___ NO ___					_____

**Do you know a business, church, or other organization that would benefit from a financial education workshop? If yes,**

Organization/ Church/ Business Name \_\_\_\_\_ Location \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Additional Feedback:** \_\_\_\_\_  
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