

Counseling - Evaluation Form

Week #: _____

Your Name: _____

Class Name: _____

Date: _____

Instructor: Dr. Althea Winifred

Please rate the following items on a scale of one to ten, with one being terrible, five being acceptable, and ten being perfect.

WEBINAR PLATFORM	1	2	3	4	5	6	7	8	9	10
<i>Comments:</i>										
COURSE MATERIAL	1	2	3	4	5	6	7	8	9	10
<i>Comments:</i>										
INSTRUCTOR KNOWLEDGE OF COURSES	1	2	3	4	5	6	7	8	9	10
<i>Comments:</i>										
INTERACTIVE OF COURSES	1	2	3	4	5	6	7	8	9	10
<i>Comments:</i>										

Would you recommend this course to others? Why or why not?

Other thoughts you would like to share?
