

Course Evaluation

(We will retain this form in our course records which may be audited by the Department of Insurance))

| Name of Certified Course: | | | | | | | | | | |
|--|----------------|--------------|-----------|---------|---|--|--|--|--|--|
| Name of Registered Provider: | | | | | | | | | | |
| Presentation Date or Course Completion Date: | | | | | | | | | | |
| For Classroom Courses: | | | | | | | | | | |
| Did the class meet at the announced time? | | | | | | | | | | |
| Did the class meet for the required number of contact hours (generally, 1 hour of credit per 55 minutes of approvable content)? | | | | | | | | | | |
| Was the material presented in a clear and concise manner? | | | | | | | | | | |
| Did the instructor encourage class participation? | | | | | | | | | | |
| Did you find the student materials and/or audio/visual aids useful to you? | | | | | | | | | | |
| What helped you the most in this course? | | | | | | | | | | |
| Please evaluate your primary instructor. This should be your overall reaction to the preparation, organization, knowledge, communication and attitude toward subject matter and students. Rate organization, knowledge and attitude separately. 4 - Excellent 3 - Good 2 - Fair 1 - Poor | | | | | | | | | | |
| Instructor Name | Overall Rating | Organization | Knowledge | Attitud | е | | | | | |
| | | | • | | | | | | | |
| | | | | | | | | | | |

| Self Study Course: | | | Yes | No |
|---|--|-----------------------|-----|----|
| Was the text clear and concise? | | | | |
| Was the final examination a comprehe | ensive examination of the entire course | content? | | |
| Had you seen the exam questions in | course exercises or unit tests? | | | |
| How long did it take you to read the te closest half hour). | ext and complete the final examination (| round down to the | | |
| | uld be your overall reaction to the qualifixcellent 3 - Good 2 - Fair 1 - Poor | ry, presentation, and | | |
| Material is Appropriate to Insurance | Quality of Material | Clear Instruction | | |
| Y N | | | | |
| What helped you the most in this cour | se? | | | |

| Classroom Equivalent Course: | | | | | | Yes | No | | | |
|--|----------|--------|-------|--------------------------|-------------------|------|--------|-------|--|--|
| Was the material presented in an easy to use manner? | | | | | | | | | | |
| Was there an interactive inquiry about | each 1 | 5 mir | nute | ? | | | | | | |
| Was the course content accurate? If | no, plea | ase g | ive | an example on reverse. | | | | | | |
| Were you able to refer back to the course material as you did the interactive inquiries? | | | | | | | | | | |
| How long did it take you to complete t | he cours | se (ro | ounc | d down to the closest ha | alf ho | ur)? | | | | |
| Please evaluate the course. This sho appropriateness of the material. 4 - E | | | | | y, pre | esen | tatior | , and | | |
| Material is Appropriate to Insurance | | Q | ualit | ty of Material | Clear Instruction | | | | | |
| YN | 4 3 | 2 | | 1 | 4 | 3 | 2 | 1 | | |
| What helped you the most in this coul | se? | | | | | | | | | |

Comments:

Please make any comments you think the Provider or the Department of Insurance should know in order to evaluate the effectiveness of this course. If additional space is needed, please use the back of the form.