

IOWA WESTERN COMMUNITY COLLEGE PROGRAM EVALUATION

Program _____ Date _____

Instructor _____ Location _____

Your evaluation of the program/presenter is very important. It will help us improve our programs and serve you better. We review each evaluation so please consider each question carefully. Thank you.

Overall, were you satisfied with the program? Yes ___ No ___

	Disagree		Average	Agree	
1. I learned useful information.	1	2	3	4	5
2. Program content was appropriate.	1	2	3	4	5
3. Presenter(s) knew subject matter.	1	2	3	4	5
4. Presentation was effective.	1	2	3	4	5
5. Facility was conducive to learning.	1	2	3	4	5
6. Course objectives were achieved.	1	2	3	4	5
7. Where did you learn about the program?	<input type="checkbox"/> Catalog		<input type="checkbox"/> Flyer	<input type="checkbox"/> Other _____	

Comments: _____

Future Topic Suggestions:

Topic _____ Presenter _____

Topic _____ Presenter _____

Topic _____ Presenter _____

Evaluations may be submitted to the Iowa Board of Nursing.