

# Appraiser Course Evaluation

Thank you for taking the time to complete this evaluation in an effort to help make Continuing Education a success!

Name of Course \_\_\_\_\_

Name of Instructor \_\_\_\_\_

Course Certification # \_\_\_\_\_

Date of course \_\_\_\_\_

Please Circle

- |  |     |    |
|--|-----|----|
| 1. Were appropriate monitoring methods implemented to ensure that only those who attended a minimum of 100% of the required class time received a certificate of completion? | YES | NO |
| 2. Was the information relevant to the industries?   | YES | NO |
| 3.. Was this course delivered as advertised?   | YES | NO |
| 4. Were personal sales products marketed as part of the course?  | YES | NO |

5. Please provide constructive comments or relevant criticisms of this course.

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## Instructor Evaluation

Thank you for taking the time to complete this evaluation in an effort to help make Continuing Education a success!

1. Would you take another course from this instructor? YES NO

2. Overall rating of this instructor? LOW 1 2 3 4 5 HIGH

3. Please provide constructive comments or relevant criticism of this instructor.

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