



# Evaluation Form

Course Name: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

### About Me

I have been an active practitioner for: 0-2 yrs. 3-5 yrs. 6-10 yrs. 11-20 yrs. 20+ yrs.

I am a: Managing Broker Broker Manager Agent Real Estate Team Member

I have designations/certifications: ABR® AHWD CIPS GREEN e-PRO® MRP PSA RSPS SFR® SRES®

### Course Feedback

Scale: 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

I understood the learning objectives.	1	2	3	4	5
I found the course materials easy to navigate.	1	2	3	4	5
I felt that the course materials will be essential to my success.	1	2	3	4	5
I will be able to immediately apply what I learned.	1	2	3	4	5
I was appropriately challenged by the material.	1	2	3	4	5

What are the three biggest things you learned from this course:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From what you learned, what do you plan to apply back at your job?

\_\_\_\_\_  
\_\_\_\_\_

### Instructor Feedback

Scale: 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

It was easy for me to get actively involved during the session.	1	2	3	4	5
I felt the instructor was well prepared and professional.	1	2	3	4	5
I felt the instructor had in-depth understanding of the subject matter.	1	2	3	4	5
I was given ample opportunity to practice the skills I am asked to learn.	1	2	3	4	5

Would you recommend this instructor to others? Yes No

Did the instructor sell product in the classroom? Yes No

### Overall Feedback

Considering your complete experience, would you be to recommend this course to a colleague?

0	1	2	3	4	5	6	7	8	9	10
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Not likely at all

Very likely

What is the one thing we could do to improve the course experience?

\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to complete this evaluation.  
We sincerely value your feedback!