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APPENDIX H

EVALUATION OF LEARNING EVENT

(To be completed by Learner)

Course Name & No.:		
Instructor's Name:		
Date(s):	Location:	

l. As a learner, l received a syllabus on or before the first time l attended this learning event. ___YES ___NO

2. The content proposed in the syllabus corresponded to the content described in promotional materials for this learning event. ____Strongly agree ___Agree ___Disagree___Strongly disagree ___No opinion

3. The syllabus clearly specified the learning outcomes that learners were expected to achieve through this learning event.

____Strongly agree ____Agree ____Disagree ____Strongly disagree ____No opinion

4. During the learning event, the instructor adequately covered all of the topics proposed in the syllabus.

____Strongly agree ____Agree ____Disagree ____Strongly disagree _____No opinion

NOTE: If any topics were not adequately covered (or not covered at all), specify those topics here, and state why you believe they were not adequately covered? (If the instructor provided an explanation, include it here.)

5. The instructor had sufficient knowledge of the topics discussed in class. ____Strongly agree ____Agree ____Disagree____Strongly disagree ____No opinion

6. The instructor demonstrated sufficient skill and competence in delivering the content and managing the classroom experience.

____Strongly agree ____Agree ____Disagree ____Strongly disagree _____No opinion

7. The instructor explored and/or enabled learners to explore ways that the content of
this learning event would be applicable or useful?

____Strongly agree ____Agree ____Disagree ____Strongly disagree _____No opinion

APPENDIX H. CONT'D

8. I feel that I achieved _____% or more of the learning outcomes proposed in the syllabus. ____Strongly agree ____Agree ____Disagree____Strongly disagree ____No opinion

9. The instructor provided feedback regarding achievement of the desired learning outcomes.

____Strongly agree ____Agree ____Disagree ____Strongly disagree _____No opinion

10. Rate the following. For each item below, draw a ring around the number that best represents your opinion of that item, using "1" as the lowest/worst rating and "4" as the highest/best rating.

a. Classroom:				
Temperature		2	3	4
Lighting		2	3	4
Acoustics		2	3	4
Cleanliness	1	2	3	4
b. Desks/Seating:				
Quality/Functionality		2	3	4
Quantity		2	3	4
Adequacy of space between seats	1	2	3	4
c. Instructional/learning technologies				
Quality/Functionality	1	2	3	4
Quantity	1	2	3	4
d. Adequacy of access				
To the building(s)	1	2	3	4
To the specific classroom(s)	1	2	3	4
e. ADA accommodations in the classroom	1	2	3	4
f. Start time for each session	1	2	3	4
g. Total time allocated to each session	1	2	3	4

11. In the interest of improving future learning events, I believe the following topic could be deleted or demoted without reducing the overall quality of the session:

The reason I recommend deleting/demoting that topic is _____

12. In the interest of improving future learning events, I recommend that curriculum designers incorporate the following topics, content, methods, equipment, personnel, etc.:

a.______b._______c.____

13. Use the following space to provide any additional feedback about this learning event.