

Course Evaluation Form

Contact Information

First & Last Name: _____ DOB: _____

First & Last Name: _____ DOB: _____

Mailing Address: _____

City / State / ZIP: _____

Email (s): _____

Home Phone Number: _____ Mobile Phone Number: _____

Instructor: _____

Preferred Method of Contact: HOME PHONE MOBILE PHONE EMAIL

Class Date: _____ Course Title: _____

Your attendance entitles you to a coaching strategy session through your local AFEA Chapter.

- Yes, I would like to take advantage of the **free** Strategy Session.
- Yes, I would like to receive the link to the **free** AFEA Student Dashboard.

Please rate this course using the scale with 'A' being the highest and 'F' the lowest.

- | | A | B | C | D | F | Comments: |
|--|-----|----|---|---|---|-----------|
| 1. Class registration was easy and convenient..... | A | B | C | D | F | _____ |
| 2. Class location was easy to access..... | A | B | C | D | F | _____ |
| 3. Course materials were high-quality..... | A | B | C | D | F | _____ |
| 4. The instructor was knowledgeable about the course.... | A | B | C | D | F | _____ |
| 5. The information was applicable to me..... | A | B | C | D | F | _____ |
| 6. Did you learn new and useful information?..... | YES | NO | | | | _____ |
| 7. Have you attended similar workshops before?..... | YES | NO | | | | _____ |
| 8. Did the course meet or exceed your expectations?.... | YES | NO | | | | _____ |
| 9. Would you recommend this course?..... | YES | NO | | | | _____ |

Do you know a business, church, or other organization that would benefit from a financial education workshop? If yes,

Organization/ Church/ Business Name _____ Location _____

Contact Name _____ Phone Number _____ Email _____

Additional Feedback: _____

