



***Post Course Evaluation  
VVC Preceptor Workshop***

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

**Please rate the class for the following categories (Scale of 1-5; 1= strongly agree, 3=neutral, 5= strongly disagree)**

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- 1.) **Was the course facilitator knowledgeable in the subject matter** \_\_\_\_\_
  - **New material**
  - **Applicable laws / regulations**
  - **Course content**
  
- 2.) **Did the course meet your expectations** \_\_\_\_\_
  - **Covered required material**
  - **Discussed adult learning styles**
  - **Covered the rating system**
  
- 3.) **Was the facility acceptable for the class** \_\_\_\_\_
  - **Lighting, environmental, seating, facilities**
  
- 4.) **Would you recommend this class to others** \_\_\_\_\_

**Additional Comments:**