

STATE OF WASHINGTON
Office of the Insurance Commissioner

COURSE EVALUATION

Provider Name: _____

Course Name: _____

Date of course completion: _____

	Poor	Fair	Good	Excellent						
1. The material presented was:	1	2	3	4	5	6	7	8	9	10
2. The course covered the subjects as advertised:	1	2	3	4	5	6	7	8	9	10
3. The instructor(s) knew the subject matter:	1	2	3	4	5	6	7	8	9	10
4. The instructor's ability to present the material was:	1	2	3	4	5	6	7	8	9	10
5. Time allotted for course was adequate:	1	2	3	4	5	6	7	8	9	10
6. Overall, the course was:	1	2	3	4	5	6	7	8	9	10
7. Did you encounter any problems or have any concerns? _____										

8. What changes would you suggest? _____

9. Would you recommend this course to a peer? _____

Student Signature: _____ Date: _____