



AMERICAN ASSOCIATION OF BARIATRIC COUNSELORS

COURSE EVALUATION FORM

COURSE TITLE: _____

DATE OF COMPLETION: _____

Please rate the course by placing an **X** in the appropriate column.

Please use the questionnaire to provide constructive feedback to help us improve the course.

Course Evaluation	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The course met the stated objectives.					
The workload is comparable to other courses of this level and credit allocation.					
The coursework is relevant to my professional practice.					
Program materials are relevant to the program content and reflect current information, research and professional knowledge.					
The assignments were challenging and motivated me to do additional research.					
The instructor effectively challenged participants to provide feedback throughout the course.					
Assignments were relevant and questions were clear. Assignments adequately measured what I learned.					
Instructor was sensitive to the fact that participants are from different disciplines.					
Instructor provided helpful comments and feedback in a timely manner.					
Education platform was easy to access and navigate.					
Instructor is versed on topics covered. Used different strategies to stimulate interest in the material					
The course met my expectations. Overall I am satisfied with this course.					
I would recommend this course to other professionals.					

1. What was the most significant learning experience in this course?
2. What did you like least about this course? What might be done to resolve your criticism?
3. What would you like to change about this course?
4. What suggestions do you have to improve the course?
5. In what way(s) has the course influence your professional practice?
6. Please provide any additional comments.
7. On average how many hours per week did you spend on this course? Include time spent working online, doing readings, viewing videos, and any other course-related work.
 0-10 11-15 16-20 More than 21

All responses will be tabulated anonymously. DO NOT put your name on this document. Please submit on line when completed. Thank you for your time.