**Home Study/Distance Learning Course Evaluation**

Student’s Name (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (Optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Course Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I will use the information that I have learned in my practice.
1 2 3 4 5 6 7

Strongly Agree Agree Strongly Disagree

1. The course was challenging and motivated me to learn.
1 2 3 4 5 6 7

Strongly Agree Agree Strongly Disagree

1. The number of CEs the course offered directly correlated with the time it took me to complete the course.
1 2 3 4 5 6 7

Strongly Agree Agree Strongly Disagree

1. The course material matched the learning objectives.

1 2 3 4 5 6 7

Strongly Agree Agree Strongly Disagree

1. The course information was well organized.

1 2 3 4 5 6 7

Strongly Agree Agree Strongly Disagree

1. The information was relevant to the massage therapy profession.

1 2 3 4 5 6 7

Strongly Agree Agree Strongly Disagree

1. The information asked on the test was consistent with the course material.
1 2 3 4 5 6 7

Strongly Agree Agree Strongly Disagree

1. I would suggest this course and instructor to a peer.

1 2 3 4 5 6 7

Strongly Agree Agree Strongly Disagree

1. I rate my overall course experience as excellent.
1 2 3 4 5 6 7

Strongly Agree Agree Strongly Disagree

10. This course was worth the money I paid to take it.

1 2 3 4 5 6 7

Strongly Agree Agree Strongly Disagree

1. This course was worth my time.

1 2 3 4 5 6 7

Strongly Agree Agree Strongly Disagree

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_