



## Online Learning Program Evaluation

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

**Directions: Check the box that represents your opinion.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
1. The program learning objectives were met.	<input type="checkbox"/>					
2. The program content was timely.	<input type="checkbox"/>					
3. Course prerequisites were necessary or desirable.	<input type="checkbox"/>					
4. Having completed this program, I am able to:						
A. Understand the program topic.	<input type="checkbox"/>					
B. Discuss this topic with others.	<input type="checkbox"/>					
C. Apply the knowledge I gained in the program.	<input type="checkbox"/>					
5. The presentation and the speaker were clear and easy to follow.	<input type="checkbox"/>					
6. The program content was timely and effective.	<input type="checkbox"/>					
7. The script (if applicable) supported my learning.	<input type="checkbox"/>					
8. The test(s) reinforced my understanding of the material.	<input type="checkbox"/>					
	<b>None</b>	<b>Basic</b>	<b>Good</b>	<b>Proficient</b>	<b>Expert</b>	<b>N/A</b>
9. My level of topic knowledge <b>before</b> completing the program was:	<input type="checkbox"/>					
10. My level of topic knowledge <b>after</b> completing the program is:	<input type="checkbox"/>					

Comments: