

# Kentucky Real Estate Commission Course Evaluation

Form E108

**THIS FORM MUST BE COMPLETED & SIGNED IN ORDER TO RECEIVE CONTINUING EDUCATION CREDIT.**

In order to serve your educational requirements, KREC needs to receive your feedback on all aspects of today's education course. Every student evaluation is returned to KREC for review. Today's instructor will not see any individual forms; the instructor may receive only the compiled information and ratings.

Provider: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course No. \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

## PLEASE RATE THE FOLLOWING:

### SECTION A:

	<i>Poor</i>	<i>Average</i>	<i>Excellent</i>	
1. Instructor knowledgeable and up-to-date in the subject matter	1	2	3	4 5
2. Instructor's presentation well-organized, interesting and understandable	1	2	3	4 5
3. Adequacy of facilities (lighting, seating, acoustics, etc.)	1	2	3	4 5
4. Classroom managed appropriately (kept free from disturbances, attendance policies enforced, class start on time, etc.)	1	2	3	4 5
5. Value of the subject matter to your real estate practice	1	2	3	4 5
6. Overall rating for the course	1	2	3	4 5

### SECTION B:

1. Did the instructor encourage and provide time for class participation?	Yes	No
2. Was the class conducted for the full number of credit hours?	Yes	No
3. Would you recommend this course to a fellow licensee?	Yes	No

Comments/Suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Name:** \_\_\_\_\_  
\*Your name is required.

**Residence Address:** \_\_\_\_\_

**License #:** \_\_\_\_\_

# Course Evaluation Transmittal

Provider: \_\_\_\_\_  
 Course Title: \_\_\_\_\_ Course No. \_\_\_\_\_  
 Instructor: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

**This form must be completed and returned to KREC with the class roster and Course Evaluation forms for each student appearing on the roster.**

## SECTION A:

Please provide the response totals for each rating question and the percentage of total attendees who responded with a "4" or "5".

	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>%4-5</i>
1. Instructor Knowledge	___	___	___	___	___	___
2. Instructor Presentation	___	___	___	___	___	___
3. Facilities	___	___	___	___	___	___
4. Classroom Management	___	___	___	___	___	___
5. Value	___	___	___	___	___	___
6. Overall	___	___	___	___	___	___

## SECTION B:

Please provide the response totals for each question and a synopsis of the comments received (attach separate sheet if necessary).

	<i>Yes</i>	<i>No</i>
1. Classroom Participation	___	___
2. Hours	___	___
3. Recommendation	___	___

Comments/Suggestions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Monitor's Name & Daytime Phone # \_\_\_\_\_