

PRACTICAL ORTHODONTICS COURSE EVALUATION

Date: _____ Session _____ Location _____

1) Objectives for the course were clearly stated.

_____ Agree _____ Disagree

Comments _____

2) The instructor was well-prepared for the course.

_____ Agree _____ Disagree

Comments _____

3) Questions were answered satisfactorily.

_____ Agree _____ Disagree

Comments _____

4) Course material was presented logically and sequentially.

_____ Agree _____ Disagree

Comments _____

5) Audiovisuals were effective.

_____ Agree _____ Disagree

Comments _____

6) Demonstrations were effective.

_____ Agree _____ Disagree

Comments _____

7) The syllabus was relevant and helpful.

_____ Agree _____ Disagree

Comments _____

8) The presentation was paced well.

_____ Agree _____ Disagree

Comments _____

9) The information presented can be easily applied to my practice.

_____ Agree _____ Disagree

Comments _____

10) The hands-on portion of the course is valuable.

_____ Agree _____ Disagree

Comments _____

11) What is your overall evaluation of the course?

_____ Excellent _____ Good _____ Fair _____ Poor

12) What is your overall evaluation of the instructor?
_____Excellent _____Good _____Fair _____Poor

13) The office where the course was held is adequate for the needs of the course.
_____Agree _____Disagree

Comments _____

14) How could this course be improved?

15) What additional topics you feel should be covered?

16) Additional comments:

Participant name (optional) _____

Please print, complete and mail to:

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