Erie County Technical School
Course Evaluation Form

With the information you provide in this evaluation, we hope to improve the technical training we offer to you and all of our students. Instructional, support and administrative staff will review the information gathered from all students. We thank you for taking the time to help us.

Vocational Program: _____

Instructor: _____

Quarter: □ 1 □ 2 □ 3 □ 4 □ Year-end

Instructions: For each item please mark an "**X**" in the box that best reflects your thoughts.

Personal Information

1. **Gender:** □ Female □ Male
2. **Grade Level:** □ 10th □ 11th □ 12th

Course Information

Please answer the following by referring to this 5-point scale:					
Course Evaluation Questions	**Not at all**				**To a great extent**
3. Was the number of hands-on activities enough?	□ 0	□ 1	□ 2	□ 3	□ 4
4. Was the time spent on theory enough?	□ 0	□ 1	□ 2	□ 3	□ 4
5. Were the textbooks up-to-date?	□ 0	□ 1	□ 2	□ 3	□ 4
6. Were the textbooks helpful?	□ 0	□ 1	□ 2	□ 3	□ 4
7. Do you generally learn something in this class?	□ 0	□ 1	□ 2	□ 3	□ 4
8. Was the instructor willing to help you?	□ 0	□ 1	□ 2	□ 3	□ 4
9. Did the instructor make the class interesting?	□ 0	□ 1	□ 2	□ 3	□ 4
10. Was the classroom furniture suitable?	□ 0	□ 1	□ 2	□ 3	□ 4
11. Was the classroom comfortable?	□ 0	□ 1	□ 2	□ 3	□ 4
12. Was the classroom clean?	□ 0	□ 1	□ 2	□ 3	□ 4
13. Overall, did the laboratory function well?	□ 0	□ 1	□ 2	□ 3	□ 4
14. Was the laboratory comfortable?	□ 0	□ 1	□ 2	□ 3	□ 4
15. Was the laboratory clean?	□ 0	□ 1	□ 2	□ 3	□ 4
16. Was the equipment used in class up-to-date?	□ 0	□ 1	□ 2	□ 3	□ 4
17. Was equipment available for use in the class?	□ 0	□ 1	□ 2	□ 3	□ 4

(Please continue your evaluation on the back of this page)

	Not at all				To a great extent
18. Was the equipment used in class operational?	□ 0	□ 1	□ 2	□ 3	□ 4
19. Did the equipment used in class meet your expectations?	□ 0	□ 1	□ 2	□ 3	□ 4
20. Were the materials and supplies suitable?	□ 0	□ 1	□ 2	□ 3	□ 4
21. Were the materials and supplies available?	□ 0	□ 1	□ 2	□ 3	□ 4
22. Did the materials and supplies meet your expectations?	□ 0	□ 1	□ 2	□ 3	□ 4
23. Were the counseling services helpful?	□ 0	□ 1	□ 2	□ 3	□ 4
24. Were the counseling services available?	□ 0	□ 1	□ 2	□ 3	□ 4
This section for students on placement—all other students disregard.					
25. Were the placement services helpful?	□ 0	□ 1	□ 2	□ 3	□ 4
26. Were the placement services available?	□ 0	□ 1	□ 2	□ 3	□ 4

Other Considerations

Please list any suggestions that will help us improve the training program.

What course content would you like to see in your program that we currently do not present?

Please list any other comments you feel are important for us to hear.

The following information is **optional**. You are welcome to sign your name if you would like a direct response to your evaluation or comments.

Signature is Optional

Signature _____ Date _____