



## IEEE Continuing Education Course Evaluation

Course Title: \_\_\_\_\_ Date Of Event: \_\_\_\_\_

Instructor \_\_\_\_\_

Please indicate the extent to which you disagree or agree with the following statements:

	Strongly Disagree 1	2	3	4	5	Strongly Agree 6
A. The course material was organized clearly and logically.						
B. The objectives of the course were satisfied.						
C. The technical content was appropriate.						
D. My knowledge on the topic increased to a level that made attendance worthwhile.						
E. The instructor's speaking voice was clear and easy to understand.						
F. The instructor clearly explained difficult concepts.						
G. The length of the course was about right.						

**The following course assessment must be completed in order to qualify for your CEU Certificate.**

Please list two major topics from this course: 1.  2.
What one topic from this course did you find most helpful to your job and why?
Briefly summarize what this course was about in one or two sentences.
Can we follow up with you in the future regarding how this course impacted your work and career? <input type="checkbox"/> <b>Check here for YES</b>

Please complete the following information to ensure your receipt of the Continuing Education Units (CEUs):

Name (as you would like it to appear on CEU Certificate): \_\_\_\_\_

Company Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

P.E. License Number and State \_\_\_\_\_ *(Mandatory if licensed in the state of Florida)*

**PLEASE RETURN THIS FORM TO THE LOCAL EVENT COORDINATOR TO BE FORWARDED TO IEEE EDUCATIONAL ACTIVITIES STAFF.**