

Course Evaluation

We will retain this form in our course records which may be audited by the Department of Insurance

Name of Provider: _____

Name of Course: _____

State: _____ Date of Completion: _____

Do you believe the course was worth the time and/or money you expended? Yes No

Course Material

The course material was beneficial and informative.	1	2	3	4	5
The material was relevant and current.	1	2	3	4	5

Chapter Quizzes and Interactive Slides

The quizzes & interactive slides related well to the material in the chapter.	1	2	3	4	5
The quizzes were helpful in understanding the course material.	1	2	3	4	5
The interactive slides made the material more interesting.	1	2	3	4	5

Course Exam

The exam related well to the material in the course.	1	2	3	4	5
I found the exam too difficult.	1	2	3	4	5

Website

The website is easy to navigate.	1	2	3	4	5
The course material is easy to navigate.	1	2	3	4	5

Other

I would recommend online training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I would recommend your website	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in further information, training or materials?	<input type="checkbox"/>	<input type="checkbox"/>
Provide your contact information if you would like to receive ongoing communications.		
Name: _____		
Email Address: _____		

Additional Comments: