



Centre for Continuing Education Indian Institute of Technology Kanpur

Course Evaluation Form

This form is designed to elicit your opinion on the design and conduct of the course and suggested on how the course can be improved.

Course Title: _____

Duration: _____

Your Background:

Type of your Organization:

- (1) Technical Institute (3) Public-Sector Undertaking
(2) Government Department (4) Private-Sector Company

Nature of your occupation:

- (1) Teaching and Research (4) Design/Design Supervisor
(2) Research and Development (5) Manufacturing
(3) Management (6) Other (Please specify)

Your age group: (1) Below 25 (2) 26-30 (3) 31-40 (4) Above 40

Please respond to the following with a number from 1,2,3,4,5. Where the meaning of 1 and 5 are explained against each.

The Design of Course:

- A. The level of course was
(1) very easy (5) too heavy
- B. The contents were illustrated with
(1) too few examples (5) enough examples
- C. The course contents compared to your expectations were
(1) too theoretical (5) too expherial
- D. The course exposed to new techniques/new ways of thinking and organizing/new knowledge
(1) not true (5) very true
- E. How will you recommend this course to your colleagues
(1) not at all (5) strongly

P.T.O.

The conduct of course.

- A. The delivery of the material was clear
1. not true 5. very true
- B. The use of blackboard/teaching aids was effective
1. not true 5. very true
- C. The course material handed out was appropriate
1. not true 5. very true
- D. The instructor encouraged communication and was helpful
1. not true 5. very true
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Please give any suggestion about improvement of the course and other courses you may be interested to attend in future.

You may give below your name and organization if you like.

Thank you,