



Texas Real Estate Commission

P.O. Box 12188
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COURSE AND INSTRUCTOR EVALUATION FORM

Name of Instructor _____

Title of Course _____

Provider/School Name _____

Delivery Method (Check One) Alternative Delivery Classroom Correspondence

Dates of Attendance _____

Your Name (optional) _____ Email Address (optional) _____

Yes 1	2	Somewhat 3	4	No 5
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ALL DELIVERY METHODS

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Were the course objectives clearly stated or presented? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Was the course content relevant to your needs in the practice of real estate? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Did the course fulfill its stated objectives? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Do you feel that your knowledge and competence in this subject matter has increased? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Would you take another class via this delivery method? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CLASSROOM DELIVERY COURSES

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|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Were instructions regarding the TREC and school rules on attendance, credit, breaks, course and instructor evaluation clearly stated at the beginning of the course? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Did the course start and end on time and adhere to scheduled breaks? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Was attendance monitored by the provider at all times? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Was the instructor prepared for each course session? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Did the instructor show a thorough knowledge of course material? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Did the instructor encourage feedback and class participation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Would you take another course from this instructor? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

ALTERNATIVE DELIVERY/CORRESPONDENCE COURSES

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|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Did this course provide an acceptable level of interactivity (lessons, quizzes, exercises, etc.) which aided in your learning experience? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Was an instructor available to answer questions in a timely manner? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. How long did it take you to complete this course? | _____ | | | | |

Do you have any additional comments regarding this course, the provider or the instructor?

To file a complaint against a provider or instructor, see <http://www.trec.texas.gov/complaintsconsumer>.