

COURSE & INSTRUCTOR EVALUATION

RE 318A (Rev. 8/14)

The purpose of this evaluation is to further assist the Bureau of Real Estate in better serving the educational needs as offered by CalBRE approved course providers. Your responses below will greatly assist in this effort.

Return to:

Bureau of Real Estate
Attn: Education Section
1651 Exposition Blvd
PO Box 137009
Sacramento, CA 95813-7009

NAME (OPTIONAL)	
COURSE TYPE <input type="checkbox"/> PRE-LICENSE <input type="checkbox"/> CONTINUING EDUCATION	DATE COURSE TAKEN (MONTH AND YEAR)
METHOD OF PRESENTATION <input type="checkbox"/> SEMINAR/LIVE <input type="checkbox"/> INTERNET <input type="checkbox"/> CORRESPONDENCE/HOME STUDY	
COURSE TITLE	
COURSE PROVIDER NAME	
COURSE INSTRUCTOR NAME (IF APPLICABLE)	

EVALUATION

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	NA
INSTRUCTOR						
Well prepared	<input type="checkbox"/>					
Began and ended on time	<input type="checkbox"/>					
Demonstrated knowledge of course material	<input type="checkbox"/>					
Provided relevant examples	<input type="checkbox"/>					
Responded accurately to questions	<input type="checkbox"/>					
CONTENT/MATERIAL						
Included clear learning objectives	<input type="checkbox"/>					
Organized logically	<input type="checkbox"/>					
Current and relevant	<input type="checkbox"/>					
Easy to understand	<input type="checkbox"/>					
COURSE DELIVERY						
Easy to access	<input type="checkbox"/>					
Quizzes were reflective of course material	<input type="checkbox"/>					
Final exam was reflective of course material	<input type="checkbox"/>					
I WOULD RECOMMEND THIS COURSE	<input type="checkbox"/>					

COMMENTS

I would like to further discuss this evaluation with a CalBRE staff member. Please contact me at the following number or email address during regular business hours.

TELEPHONE NUMBER

EMAIL ADDRESS