

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.

Please indicate the total number of hours you spent in session at this course:

Can we follow up with you in the future regarding how this course impacted your work and career? Check here for YES

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: _____ Email: _____

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

**PLEASE RETURN THIS FORM TO THE LOCAL EVENT COORDINATOR AT ceudadmin@ubm.com WITHIN 21 DAYS
FROM THE LAST DAY OF THE EVENT TO BE FORWARDED TO IEEE EDUCATIONAL ACTIVITIES STAFF.**

