

KANSAS DEPARTMENT for AGING AND DISABILITY SERVICES
HEALTH OCCUPATIONS CREDENTIALING

Student Evaluation Form For Online Training Courses

This form is to be completed by the students for each Online Training Course offered under pilot status. Within 10 days of completion of this course, the sponsor is to submit a summary of these evaluations to Health Occupations Credentialing, 503 S Kansas Ave Topeka, KS 66603-3404.

Circle the appropriate answer with "5" being strongly agree and "1" being strongly disagree.

	Strongly Agree					Strongly Disagree
1) Were you comfortable asking questions of the instructor(s)?	5	4	3	2	1	
2) Did the instructor answer your questions?	5	4	3	2	1	
3) Did you learn in the online presentation what you practiced in the clinical session?	5	4	3	2	1	
4) Were you comfortable with the technology?	5	4	3	2	1	
5) Did you learn from the course?	5	4	3	2	1	
6) Would you take another internet course?	5	4	3	2	1	
7) How much time did it take to complete the internet (online) portion of this course? Please indicate the total number of hours spent online in completing the course.	_____Hours					
8) What changes would you suggest to make the course more effective?	_____					

Other Comments: _____
