



**TRAINEE EVALUATION OF
CLASS & INSTRUCTOR**

Industry or Business Name: _____

Class or Course Name: _____

Instructor(s) Name(s): _____

Class or Course Date(s): _____

Please complete the evaluation questions below by checking the block below one of the five responses.

	Excellent	Good	Satisfactory	Needs Improvement	Problem Area
How were the classroom/facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How were the materials, books, audio-visuals, etc. (if used)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How was the instructor's knowledge of the course content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate the instructor's presentation (speaking ability, organization, punctuality, response to questions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As to meeting your needs, rate the class time (day of week, time of day).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How useful was this training in the completion of your job responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The length of the class was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were given ample opportunity to participate in the class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After this class, you feel prepared to start or continue working on this topic on your own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What newspaper or online publication do you read on a regular basis? _____

Name of Workshop: _____

Date: _____ Time: _____

Location: _____

Purpose: _____

ROSTER FOR ATTENDEES

** At the conclusion of each workshop, please mark (C) complete or (I) incomplete for each participant.*

	Name (Print)	Name (Signature)	*C / I
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Northeast Mississippi Community College
Continuing Education Unit Program
PARTICIPANT CEU REQUEST

Payment must be received with request. Please indicate payment method below.

Please Print **Name of Training** _____

Name _____
Last First Middle Initial

Permanent Home Address (P.O. Box or Street) _____

City State Zip Code County

Social Security Number Telephone

Payment: \$10.00 per request

Date(s) of Training _____

CASH () _____ CHECK () # _____ MO () _____

DEBIT/CREDIT CARD

Name on Card: _____

Card Number: _____

3 Digit Security Code ____ ____ ____

Expiration Date: _____ Type of Card: Credit () Debit ()

Amount: _____

Name of Card: MasterCard () VISA () Discover ()

Office Use Only:

Processed By _____

Date _____

AR _____ BO _____

Spaiden _____ Yes _____ No _____



APPLICATION FOR CONTINUING EDUCATION

Please print or type in black ink

To be officially accepted in NEMCC Continuing Education, the following application must be on file in the Continuing Education Office prior to registration. Students who wish to enroll in college credit courses must complete a Northeast Admission form, which may be obtained in the Admission's Office.

Section I:

Social Security Number _____ - _____ - _____

Legal Name _____
Last First Middle/Maiden

Permanent Address _____
Street City State Zip

County _____ E-Mail Address _____

Telephone () _____ () _____
Day Evening

Contact in case of an emergency _____ () _____
Name Phone

Section II: (This information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. You are not required to answer these questions; however, an answer would be appreciated.)

- Female Ethnic Group American Indian or Alaskan Black, non-Hispanic Male Asian or Pacific Islander Hispanic White, non-Hispanic

Date of Birth: _____
Month, Day, and Year

Section III:

Signature _____ Date _____

Return complete form to: Continuing Education Office Northeast Mississippi Community College 101 Cunningham Boulevard Booneville, MS 38829 Fax: (662) 720-7896 E-mail: continuinged@nemcc.edu