



## KENTUCKY REAL ESTATE COMMISSION

500 Mero Street 2NE09  
 Frankfort, Kentucky 40601  
 (502) 564-7760  
<http://krec.ky.gov>

### COURSE EVALUATION FORM

COURSE INFORMATION		
Name of Provider	Date of Course	
Name of Course		
Instructors:	1.	3.
	2.	4.
Course Method:		
<input type="checkbox"/> Classroom – Complete Sections 1, 2, and 4. <input type="checkbox"/> Distance (online) – Complete Sections 1, 3, and 4. <input type="checkbox"/> Combination – Complete all Sections.		

1. GENERAL QUESTIONS	Yes 1	2	Somewhat 3	4	No 5
1. Were the course objectives clearly stated or presented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the course fulfill its stated objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Would you take another course with this instructor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Would you recommend this course to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the topics covered in the course relevant to your real estate practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the content current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the content enhance your understanding of the topic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. CLASSROOM QUESTIONS	Yes 1	2	Somewhat 3	4	No 5
1. Did the facility have adequate seating, lighting, and acoustics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the course start and end on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did every instructor act in a professional manner throughout the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was every instructor prepared to teach the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did any instructor lose control of the classroom at any point?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was every instructor respectful toward students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did every instructor demonstrate a thorough knowledge of course material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did every instructor present the material in a logical, concise manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did the instruction spark classroom and / or student participation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were audio / visual aids used? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, were they effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the student handouts legible? (no typos & correct grammar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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3. DISTANCE QUESTIONS	Yes	Somewhat			No
	1	2	3	4	5
1. Did you complete a course orientation prior to starting the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did this course provide an acceptable level of interactivity (lessons, quizzes, exercises, etc.) which aided in your learning experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you have any questions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, was someone available to answer in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the provider require you to complete a Student Affidavit after completing the course? <input type="checkbox"/> Yes <input type="checkbox"/> No					
5. How much time did it take you to finish the course? _____ hours and _____ minutes					

4. ADDITIONAL COMMENTS

**If you would like to discuss your evaluation of this course with the KREC Education Coordinator, please call 502-564-7600.**

