**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: |
| 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. |
| 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 E-Mail

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

**PLEASE RETURN THIS FORM TO THE LOCAL EVENT COORDINATOR TO BE  
FORWARDED TO IEEE EDUCATIONAL ACTIVITIES STAFF.**