



THE STATE
of

ALASKA *Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Real Estate Commission

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Phone: (907) 269-8160

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Website: ProfessionalLicense.Alaska.Gov/RealEstateCommission

Course and Instructor Evaluation

→ **Student:** Complete the evaluation below after completing the real estate education course. Submit the form directly to the instructor to receive a certificate of completion for the course.

| | | | |
|------------------|--|-----------------|--|
| Course Title: | | Course Number: | |
| Instructor Name: | | Date of Course: | |

Course Evaluation – Check the appropriate box for each statement

| | Excellent | Very Good | Good | Poor | Very Poor |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Relevancy of this course in your day-to-day practice of real estate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Quality of course materials (organized, up-to-date, and relevant). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Course materials were utilized effectively during class time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Presentation increased your knowledge of the course subject. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Overall evaluation of this course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Instructor Evaluation – Check the appropriate box for each statement

| | Excellent | Very Good | Good | Poor | Very Poor |
|--|--------------------------|--------------------------|--------------------------|------------------------------|-----------------------------|
| 1. Demonstrated in-depth knowledge of the course subject. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Prepared for the course. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Followed course outline. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Kept personal experiences consistent with the course material. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Actively encouraged student participation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Overall evaluation of this instructor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did the Instructor excessively promote the sales of products (i.e., tapes, text, etc.) during the educational instruction portion of the course? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Comments: | | | | | |

Signature

| | | | |
|-----------------------|--|--------------|--|
| Student Printed Name: | | | |
| Student Signature: | | Date Signed: | |