

# Consortium of Eastern Ohio Master of Public Health Course Evaluation Form for Electives

Timing: At the end of the course

Date Submitted \_\_\_\_\_

Course Name \_\_\_\_\_

Course Number \_\_\_\_\_

Course Instructor \_\_\_\_\_

Semester/Quarter & Year \_\_\_\_\_

# Credits (semester or quarter?) \_\_\_\_\_

Institution/University \_\_\_\_\_

Course Taken \_\_\_\_\_

**To what extent do you agree with the following statements:**

1=Strongly disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree	1	2	3	4	5
The following objectives were met:					
1. The course achieved its objectives.					
2. The instructor facilitated my learning.					
3. This course contained material relevant to public health practice.					
4. I would recommend this course to other MPH students.					
5. This course helped to fulfill several public health competencies. (Please list by domain number and objective letter—see public health competencies section of your student orientation manual):					

**Please include comments (your feedback will be helpful):**

Please provide an explanation for items with a score of 2 or less:

Identify at least three examples from this course that you might use in your professional setting:

What was the best aspect about this course?

What would improve this course?

Other comments: