

**Institute for Continuing Learning
P.O. Box 68
Young Harris, GA 30582
706-379-5194**

ICL COURSE EVALUATION FORM

YEAR _____ TERM (please circle): WINTER SPRING SUMMER FALL

Course Title _____

Class Leader _____

Course Content:

- Material covered matched description in Course Announcement Yes No
- Would you like a follow-up course or a course on a related subject by this course leader? Yes No
 - Course Related Subject? _____

Course Leader	Excellent	Good	Fair	Poor	Comments
Knowledge of subject matter					
Presentation (clear, understandable, interesting)					
Control of class discussion					

Course Suggestions: What other course would you like to see offered?

Additional Suggestions:

Name (Optional) _____