

Commercial Brokers Association Continuing Education Course Evaluation

Name of Instructor: Multiple
Course:

Class Date:
Location: online

So that we can best meet your continuing education needs, please fill out the Evaluation Form for today's class. We take your input seriously! Thank you.

Please use the appropriate number using the following scale:

0= Unsatisfactory 1=Needs Improvement 2=Satisfactory 3=Above Average 4=Excellent

Registration Process

- Received complete & clear info. about course, date, time, and login instructions: _____

Course Content

- Course content was clear
 - Session 1: _____
 - Session 2: _____
 - Session 3: _____
 - Session 4: _____
- The topic was relevant to my business/interests
 - Session 1: _____
 - Session 2: _____
 - Session 3: _____
 - Session 4: _____
- The course met my expectations
 - Session 1: _____
 - Session 2: _____
 - Session 3: _____
 - Session 4: _____
- I will be able to use the information covered in this class in my business
 - Session 1: _____
 - Session 2: _____
 - Session 3: _____
 - Session 4: _____

Course Materials

- Course handouts (if any) were well prepared and easy to understand
 - Session 1: _____
 - Session 2: _____
 - Session 3: _____
 - Session 4: _____
- Visual Aids were well prepared and enhanced course content.
 - Session 1: _____
 - Session 2: _____
 - Session 3: _____
 - Session 4: _____

Please use the appropriate number using the following scale:
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- I can use the material from the course in my business
 - Session 1: _____
 - Session 2: _____
 - Session 3: _____
 - Session 4: _____

Instructor(s)

- Instructor was knowledgeable and up-to-date on subject taught.
 - Session 1: _____
 - Session 2: _____
 - Session 3: _____
 - Session 4: _____
- Instructor was well organized and easy to understand
 - Session 1: _____
 - Session 2: _____
 - Session 3: _____
 - Session 4: _____
- Instructor made the course material interesting and relevant to my business.
 - Session 1: _____
 - Session 2: _____
 - Session 3: _____
 - Session 4: _____
- I would attend another class taught by this instructor
 - Session 1: _____
 - Session 2: _____
 - Session 3: _____
 - Session 4: _____

Were there aspects of the class that were particularly useful for you:

How did you find out about the class? Website Flyer Email Other

With what organization(s) do you take your CE Clock Hours? _____

Do you take your clock hour classes mostly ONLINE, LIVE, or BOTH? _____

Where would you like to take future classes? (Please circle all that apply)

Lynnwood Kirkland Seattle Tacoma Spokane Other _____

Name/Office: _____

Commercial Brokers Association
12131 113th Ave NE Ste. #101
Kirkland, WA 98034
register@commercialmls.com

CBA - DISTANCE LEARNING EDUCATION AFFIDAVIT STATEMENT

This form must be submitted CBA to receive credit for courses taken.

STUDENT NAME: (PLEASE PRINT) _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

COURSE TAKEN: _____

This portion must be completed to receive credit:

How many hours did it take to finish the course? _____

Was your assessment of your clock hours inclusive of homework assignments? If yes, then break down the seat time. _____

Did the course have periodic measures of time spent and progression towards completion?

Did the delivery method allow interactivity with an instructor? Was the instructor available?

I hereby certify that I did in fact complete the course work and watch the entire

video. _____

Signature required

Date signed

To file a complaint regarding any education issues, you can download the Education Complaint Form from the following website: www.dol.wa.gov/forms/620013.htm

DISCLAIMER: No denial of full continuing education credit for the subject course may occur as a result of completing this evaluation form.

RETURN THIS AFFIDAVIT STATEMENT PROMPTLY TO RECEIVE A CERTIFICATE FOR CLOCK HOURS

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