

**E-Seminary
Student Evaluation Form**

Name (optional) _____

Course Name _____ Course start date _____

Instructor _____

Your Classroom Location _____

1. **General comments on your E-Seminary experience, and its value in developing or helping you discover and improve your ministry gifts.**

2. **Were your expectations for the class met?**

3. **Comments on the facilities (Was the technology adequate for comfort and ease of use? Was the classroom conducive to learning?)**

4. **Comments on the content of your class (Were assigned texts appropriate to the class? Was the facilitator easy to understand and well prepared?)**

5. **Was your experience of registering for the class a good one? Was there anything we could have done, administratively, to make your E-Seminary experience better?**

6. **Suggestions for improvements to the E-Seminary. (Use the back of this paper for additional comments)**