

PARTICIPANT EVALUATION SBCEU ONLINE COURSE

Title of
Course _____

Indicate your position:

Administrator

Teacher K-8

Teacher 9-12

Professional Support Staff

Instructional Paraprofessional

Counselor

Other _____

Please indicate yes or no:

The program provided the necessary ingredients for me to have an effective learning experience.

Yes No

Did you enjoy the class? Yes No

Comments:

Do you have any suggestions for future classes

Mail this form with the Application for SBCEUs and Attendance Verification forms to:
Macomb Community College
Center for Continuing Education SD-217
14500 E. 12 Mile Road
Warren MI 48088
Attn: Valerie Corbett

For office use only

Date received: _____ Received by: _____