

# Recreational Canoeing Association of British Columbia (RCABC)

## Course Evaluation Form

Thank you for assisting the RCABC in developing and conducting high quality canoeing instruction in British Columbia. Your feedback is appreciated.

Course Dates: \_\_\_\_\_ Course Location: \_\_\_\_\_

Instructor Name(s): \_\_\_\_\_

Please check (✓) which course you have just completed.

	Lakewater	Moving Water I & II	Moving Water III & IV	Canoe Tripping	Canoe Poling	Ocean Canoeing	Big Boat
<b>Paddler Level</b>							
<b>Instructor Level</b>							

Regarding the course – for each of the following statements, please check (✓) the box that best reflects your feelings.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The length of course was appropriate					
Course material was presented in a clear and logical manner					
Practice exercises and drills helped me learn					
I was challenged to learn new things					
Safety on the water was emphasized					
My expectations for the course were met					
Equipment provided (if applicable) was in good condition					
I feel confident with my new skills					

What section of the course did you find *most* useful? \_\_\_\_\_

What section of the course did you find *least* useful? \_\_\_\_\_

Please provide an overall rating of the course:

Excellent \_\_\_\_ Very Good \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Regarding Instruction – please check ( ✓ ) which best describes your instructor(s).

Instructor #1 Name: \_\_\_\_\_ Instructor #2 Name: \_\_\_\_\_

Instructor		Always	Frequently	Sometimes	Never
Is on time	Instructor 1				
	Instructor 2				
Is organized	Instructor 1				
	Instructor 2				
Is enthusiastic	Instructor 1				
	Instructor 2				
Is approachable	Instructor 1				
	Instructor 2				
Is attentive to my needs	Instructor 1				
	Instructor 2				
Communicates clearly	Instructor 1				
	Instructor 2				
Provides constructive feedback	Instructor 1				
	Instructor 2				
Accepts constructive feedback	Instructor 1				
	Instructor 2				
Is able to demonstrate skills	Instructor 1				
	Instructor 2				

Please provide an overall rating of your instructor:

Instructor 1          Excellent \_\_\_ Very Good \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Instructor 2          Excellent \_\_\_ Very Good \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Please provide any additional comments or suggestions here.

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*Thank you for taking time to complete this evaluation. Your input is valuable in helping your instructor and the RCABC monitor and improve courses.*