



STARS Course Evaluation

This form should be completed by participants who have fully participated in an approved STARS course and are seeking STARS credit. *In order to receive credit all fields of this form must be fully completed.*

Name: _____

STARS ID: _____

Email Address: _____ Cell Phone: _____

_Program Name: _____

Course Title (please be sure to use the exact title): _____

Instructor Name: _____

Date of course: _____ Length of course: _____

Reflective Questions	Reflections
What learning impacted you most from this course?	
What will you or what do you wish you could implement or change in your practices with children, families or staff following this course?	
How will you measure the changes you've made following this course?	
What are you still interested in learning more about in this subject area?	
How likely are you to recommend this course to another educator?	Likely to recommend Somewhat likely Would not recommend
How would you evaluate the instructor's knowledge on this subject area?	Very Knowledgeable Somewhat Knowledgeable Unknowledgeable
The content of the course was?	Clear Neutral Unclear