

# 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.*