## Date/Time Field LEARNING SEGMENT EVALUATION NAME OF SEGMENT: DATES OF SEGMENT: PARTICIPANT NAME: Please respond briefly to each item. Your responses provide valuable input to the quality of future offerings. Thank you very much! Materials - Please comment on the relevancy and quality of the readings and other materials in the segment. Forums - Please comment on the quality of the forum interactions as they led to your learning more about the topic. Instruction and Support - Please comment on the quality of instruction and the support provided during your participation in activities. Moodle - Please comment on the classroom interface and its ability to support you in completing activities. Other - Please add any other comments which might enhance and/or provide helpful information about what you would like kept or added in future segments.