

THE DEVELOPMENT OF A COURSE AND PROGRAM EVALUATION TOOL:
AN EDUCATIONAL PROJECT

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AN EDUCATIONAL PROJECT

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ABSTRACT

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The Agency for Healthcare Research and Quality reports that 98,000 deaths result each year from medical errors (Kohn, Corrigan, Donaldson, 2000). The purpose of this research is to develop an evaluation tool that can be used to evaluate courses and programs offered from the department of Education and Development for Nursing and Patient Care Services within the University of Wisconsin Hospital and Clinics. Through a research of the literature, best practices were captured for the development and dissemination of an effective evaluation tool; for the use utilizing learner's feedback to inform program improvement and change.

TABLE OF CONTENTS

PAGE

APPROVAL PAGE	i
TITLE PAGE	ii
ABSTRACT	iii
TABLE OF CONTENTS.....	iv

CHAPTER

I. INTRODUCTION	1
Introduction	
Statement of the Problem	
Definitions of Terms	
Delimitations	
Significance of the Study	
Purpose of the Study	
Method of Approach	
II. REVIEW OF LITERATURE.....	5
Foundations of Evaluation	
Likert Scales	
Dissemination	
Evaluation in Healthcare	
III. CONCLUSIONS AND RECOMMENDATIONS	12
IV. REFERENCES	14

APPENDIX A

Chapter 1: Introduction

Whether it is medicine, instruments used, treatment plans, or patient safety initiatives, evaluation is a huge component in effective healthcare. Given the world of healthcare is both complex and constantly changing, evaluation is necessary to ensure vital information is acquired and documented. The information gleaned from a strong evaluation tool can advance healthcare as well as professional development for those that work in the industry.

Evaluations are most often used as a way to assess the worth or merit of something. In education, evaluation is often associated with assessing a learner's knowledge of a specific objective or learning goal. To keep up with the changes and advancements in healthcare, the department of Education and Development for Nursing and Patient Care Services at the University of Wisconsin Hospital and Clinic aids in continuous professional development by evaluating every orientation, course, initiative or program.

Research states that courses and programs offered to nurses play a vital part in patient outcomes. "One of the purposes of evaluation research in nursing is to provide information of practical value that supports informed decision-making in other nursing contexts" (Clark, 2001). It's extremely important that the objectives and learning goals are met upon completion of courses and programs as it directly impacts patient care. Based on research and the literature, this project will develop an evaluation tool for the courses and programs offered from the Education and Development for Nursing and Patient Care Services. The goal is to obtain better feedback from the learners served at the University of Wisconsin Hospital and Clinics to help improve the courses and programs offered and ultimately patient outcomes.

Statement of the Problem

Currently the evaluations used in the department of Education and Development for Nursing and Patient Care Services only measure participant satisfaction. The learners fill out a series of questions on their satisfaction level for the course or program attended. The data collected from this evaluation tool has not been useful to the instructors and program coordinators who look to continually make improvements in their courses each year or to measure outcomes. This type of evaluation does not give instructors or program coordinators the feedback necessary to make educational changes to the course, program or instructor effectiveness.

Definition of Terms

Summative Evaluation – evaluation of assessment based on data for the purposes of assessing academic progress at the end of a specified time period for the purposes of establishing a student’s academic standing relative to some established criterion. (Dunn & Mulvenon, 2009)

Formative Evaluation – evaluation of assessment based on evidence for the purposes of providing feedback and informing teachers, students, and educational stakeholders about the teaching and learning process. (Dunn & Mulvenon, 2009)

Interpolations – a response outside the bounds of the values inherent to the likert items presented to participants. (Finstad, 2010)

Discrete Responses – standard questionnaire replies where the participant did not interpolate. (Finstad, 2010)

Significance of the Study

Good patient care outcomes rely on educated, experienced providers who understand their responsibilities, are adept at working in teams, and demonstrate effective communication skills as they interact among all disciplines. (Morey et al., 2002) The Agency for Healthcare Research and Quality reports that 98,000 deaths result each year from medical errors (Kohn, Corrigan, Donaldson, 2000). A new evaluation tool is crucial to receive better feedback from the learners served through orientation, hospital initiatives and courses and programs. With the design of a new instructor evaluation tool, feedback will be given for the program planners to assess if the objectives and learning outcomes were met and if the teaching methodologies were successful.

Purpose of the Study

This educational project was developed to better serve the learners who enroll in courses through the department of Education and Development of Nursing and Patient Care Services as well as the patients cared for at the hospital. The focus of the research was on the different types of evaluation and design, specifically using a likert scale, and best practices in dissemination. Based on the literature review, an evaluation tool was developed. The tool will be used in all courses and programs offered through the department. The data from the tool will be collected, analyzed, and distributed to the instructors and program coordinators.

Methods of Approach

Multiple reviews of the literature were accessed. The first was on evaluation in general, followed by more focused reviews on design and the use of likert scales, best practices in dissemination, and evaluation in the health care system. All literature searches were done through the Ebling Library at the University of Wisconsin at Madison, located in the Health

Sciences Learning Center. The two main databases used were Ebscohost and PsychINFO.

Based on the literature review, the design of the educational project will be developed. The new evaluation tool will improve and support continued development of the courses and programs offered in the department. Based on the literature, the evaluation questions will be developed and a new dissemination process will be implemented. The tool is intended to be filled out after each day of the course or program and used for all orientations and hospital wide initiatives. Once the data is collected and analyzed, the data will be disseminated to all instructors and program coordinators. The focus of this project was to design a new evaluation tool which is included in the Appendix.

Chapter Two: Review of Related Literature

Foundations of Evaluation

History of evaluation. Evaluation and education have always been intertwined. Education focuses on the process of change in a learner and evaluation plays an important role in the process of education.

“The role which evaluation has in a particular educational context may be enormously various; it may form part of a teacher training activity, of the process of curriculum development, of a field experiment connected with the improvement of learning theory, of an investigation preliminary to a decision about purchase or rejection of materials, it may be a data-gathering activity for supporting a request for tax increases or research support, or a preliminary to the reward or punishment of people as in an executive training program, prison, or a classroom” (Scriven, 1967).

Traditionally, learners have been the focus of evaluation. In recent years, the focus has shifted to instructor evaluations. According to Driscoll and Cadden (2010), course instructors can be evaluated by test scores, peers, administration and their learner’s feedback.

In many institutions, evaluation has begun to play a role in job retention, tenure and compensation (Driscoll and Cadden, 2010). Through student evaluations, teachers receive feedback on their teaching methods and effectiveness, which can facilitate their growth and development as educators (Xu, 2012). Xu suggests that in addition to providing valuable feedback to the educator, these types of evaluations are feasible and convenient.

Types of evaluation. In the Handbook on Formative and Summative Evaluation of Student Learning, Bloom, Hastings, and Madaus (1973), describe evaluation as the systematic collection of evidence to determine whether in fact certain changes are taking place in the learners as well as to determine the amount or degree of change in individual students. In their handbook Bloom et al. (1973) describe formative evaluation as ongoing and can occur during the entire course or program. According to Bloom et al, various techniques can be used to evaluate the learners such as observation, quizzes, reports and discussion. They further explain this type of evaluation offers the instructor time to make adjustments to teaching techniques so the learner can achieve the goals or objectives that were established by the instructor. Additionally, Bloom et al. explains this type of evaluation also allows the learner to check their understanding and make corrections in their thinking and learning. This just-in-time feedback is an essential component of formative assessment (Bloom et al., 1973).

Summative evaluation is primarily focused on the overall course goals and objectives and is assessed upon completion of the course or program (Bloom et al., 1973). A chapter or final exams are examples of a summative evaluation. Another example of summative evaluation commonly used is the ACT and SAT. These standardized exams assess a learner's acquisition of knowledge after a prescribed amount of time spent in a program of study. Although these assessments do not allow for an instructor to make adjustments during the learning process, they are very helpful in determining the effectiveness of a course or program. According to Dunn and Melvenon (2009) summative assessments can be useful to further develop the course for future offerings.

Likert Scales

Evaluating a teacher, course or program requires the development of a measurement tool. According to Gob, McCollin and Ramalhoto (2007), a likert scale is a type of psychometric scale used in surveys to measure attitudes or opinions. Likert scales were invented by psychologist Dr. Renis Likert in 1932 (Gob, McCollin and Ramalhoto, 2007). Likert items refer to the individual items within the questionnaire that the respondent is asked to evaluate. Thus, a likert scale is the sum of the responses to several likert items. “The grades (score, degrees) are ordered in ascending order of agreement or approval of the individual with respect to the value statement” Gob, et al. (2007). Gob et al. states the items on the scale are usually displayed as a horizontal bar with 3 to 11 grades which usually range from strongly agree to strongly disagree.

There has been significant research to determine the optimal number of responses for each item and modality used to administer the survey. Losby and Wetmore (2012) state that although 5-point scales are the most common, the two most important things to consider are the way you are administering the survey as well as meaningful categories to the respondents. According to Finstad (2010), as scale steps are added there is an increase in reliability, however there is a plateau at a 7-point scale. The ideal number of items or alternatives seemed to be centered on seven, with some situations calling for as few as five or as many as nine. Regardless of whether one uses a 5-point scale or a 7-point scale, consistency throughout the survey is important (Losby and Wetmore, 2012). Finstad (2010) suggests that an odd number of alternatives, allowing for a neutral response, are preferable to an even response. Additionally, when there is a smaller scale, respondents are limited to a set of discrete options that may not align with their honest attitude or opinions. When this occurs, there is an increase in respondent’s interpolations since their ideal attitude cannot be chosen.

Finstad (2010) also suggests that when surveys are administered via an online modality, there are risks to data integrity. One risk is that respondents may not answer the question if they do not have the ability to write in their desired choice. When this occurs, essential data is lost. Another risk is the respondents may choose an answer that not does reflect their true feelings. When this occurs, true data is lost. For example if the respondents are given a choice from 1 through 5, they may want to choose 3.5 but are forced to choose 3 or 4 since they cannot write in a different answer, which in turn loses half a point of true data.

During data analysis, if respondents interpolate and chose a number that is not on the scale, the researcher can either leave the item blank or employ their best guess (Finstad, 2010). For example, on a 4-point scale if the respondent writes in 3.5, the analyzer may move the data point up or down. Without knowing the true intent of the respondent, the data becomes compromised (Finstad, 2010).

Dissemination of Evaluation

Sanchez-Fernandez, Munoz-Leiva, Montoro-Rios (2011) suggest there are two ways to offer evaluation tools to learners: in person using paper and pencil or online via the web. Each form of dissemination can be used effectively however the number of respondents that participate in a paper and pencil evaluation is greater than an online evaluation. Manfreda, Bosnjak, Berzelak, Haas and Vehovar (2008) estimate that using an online or web-based approach will return around 11% less than other modes.

The largest drawback to online evaluations is the response rates, although the literature suggests there are ways to increase them (Sanchez-Fernandez, Munoz-Leiva, Montoro-Rios, 2011). It is suggested that one method to increase response rates is to send follow up messages

reminding the participants to complete the evaluation (Sanchez-Fernandez et al., 2011).

Although there are studies that show follow up messages increase response rates, the literature does not identify how many messages are most effective, nor the time duration between the first and second email (Sanchez-Fernandez et al., 2011). Another method suggested by Sanchez-Fernandez et al. (2011) to increase response rates is to apply a personal message to the evaluation invite. They go on to say that the personalization acts as a motivator to the respondent. Lastly, offering the participants an incentive can also help increase response rates (Sanchez-Fernandez et al., 2011). For example, in higher education, the learner may not receive a final grade or credit for the course until the evaluation is filled out.

Cho, Johnson and VanGeest (2013) point out how important it is to be sensitive to the busy schedules of healthcare professionals so offering different avenues to fill out an evaluation is key. For example, building in time at the end of the course or program will allow participants time off from their unit to complete the evaluation.

Although online evaluations receive lower response rates, there are some definite reasons to use this method. Programs, such as Qualtrics, provide online evaluations, store and analyze the data (<http://qualtrics.com>). The website states that once the polling window closes the data is delivered in a clear and concise format. In addition, analysis of responses can either take place within the online system or data can be migrated into a statistical package, thus eliminating any calculations by hand. Furthermore, with the time saved from calculating by hand, coding any open-ended responses can occur much earlier. In addition to saving time, online evaluations are also more cost effective. Many evaluation platforms are free and do not require supplies, thus eliminating the need for paper and pencil.

Evaluation in Healthcare

In the healthcare industry evidence-based decision making has made an impact on the way education is delivered, patients are cared for and outcomes are assessed (Debourgh, 2012). Debourgh (2012) goes on to say that hospitals and regulatory systems ensure nurses follow prescribed policies and procedures as they provide quality care in the most cost effective way. He also explains how education is extremely important for nurses to feel confident and well prepared to deliver care within the parameters of quality and efficiency to achieve the best patient outcomes.

Program evaluation provides important evidence that program and educational objectives are being met. Given the focus on evidence-based decision making, there are tools for developing valid assessments in healthcare (Walsh, Duke, Foureur and MacDonald, 2007). The tools ensure that a valid program is developed and that nurses gain the requisite knowledge to treat patients using best practices. The results of satisfying the aforementioned assurances are increases in patient safety which, in turn, decreases the cost of medical care (Walsh et al., 2007). One tool being used in the healthcare system currently is the Designing an Effective Evaluation Plan Tool or DEEP Tool (Walsh et al., 2007). This tool focuses on the development of program evaluation.

Walsh et al. (2007) explains that the DEEP tool is divided into six sections and 31 questions. The six sections are: puzzle, purpose, evidence, context, facilitation and the plan. The puzzle section focuses on what is intended to be evaluated. The purpose section focuses on the purpose of the evaluation and whether the evaluation is formative, process based or a combination. The evidence section keys in on the evaluation methods and the way the data is

collected. Context focuses on the environment or context in which the evaluation is being used. This part of the tool takes into consideration the stakeholders involved such as an ethics committee, administration, etc. The facilitation section builds upon the previous section of context. Looking at the key stake holders as well as anyone else that may need to be involved in the process or has an interest in the evaluation. An example may be a data analyst or someone that has the means of accessing specific data (Walsh et al., 2007).

Once the questions are answered within the first five sections, the plan is written. The plan, which is the sixth section, is the summary.

“This summary is drawn from the answers to the questions in the preceding five sections of the tool and summarizes what is being evaluated; the purpose or purposes; what data is being collected; and from whom; what tools and methods will be used; when data will be collected; how the data will be analyzed; what if any ethical implications need to be addressed; what the time frame is for the evaluation; and to whom the report will be disseminated” (Walsh et al., 2007).

The DEEP tool will serve as the blueprint for the development of the evaluation tool in the educational project. The blueprint will provide the evidence that the evaluation tool was constructed according to certain standards and that the data will be analyzed within those standards as well. It has been suggest that the validity is the *sine qua non* of assessment and that without it, there is little meaning in evaluation (Huey-Tsyh and Rossi, 1987). Validity can be thought of as an evidentiary chain, where there are measures prior to, during and after delivery that document validity. The DEEP tool provides evidence during each phase of design and ensures that the items on the evaluation tool measure the intended and desired outcomes.

Chapter Three: Conclusions and Recommendations

The goal of this educational project was to develop a new evaluation tool that could be used for the Nursing Education Specialists who plan, coordinate and teach within the department of Education and Development for Nursing and Patient Care Services at the University of Wisconsin Hospital and Clinics. The tool assesses program effectiveness in disseminating knowledge, acquisition of skills and teaching methodology.

The DEEP tool was used as a blueprint for the development of the evaluation tool. With the DEEP tool's focus on puzzle, purpose, evidence, context, facilitation and plan, it helped facilitate the design of the tool, provide evidence to satisfy validity, and guide the delivery and analysis phases. Not only did the DEEP tool provide evidence of defensible evaluation, it assured stakeholders of learning and provides the department with a systematic approach to evaluation construction, delivery, and dissemination.

Based on the literature review, the summative evaluation tool is a 7-point likert scale in combination with open ended questions. Once the DEEP tool was complete, the measurement tool was created.

The evaluation tool is comprised of items designed to measure the goals and objectives of the program and courses offered in the nursing program. Dissemination of the evaluation tool will be determined by each educator in the course or program. Many of the courses and programs offered reward the participants with contact hours certified by the Wisconsin Nurses Association. It is recommended that when the course or program offers the incentive of contact hours, the use of an online tool will be employed. When contact hours are not an incentivized,

and the group is large, online evaluations will be used. When the group is small, and contact hours are not incentivized, pen and pencil evaluations will be used.

Qualtrics was the survey instrument software used to create the web-based evaluations. As an affiliate of the University of Wisconsin, this resource is of no cost. Qualtrics facilitates the creation process, collects and stores data, and is able to produce reports. Qualtrics also offers a mobile application that is compatible with smart phones that can be used for delivery. This will allow learners to access the evaluation at the end of the course prior to leaving the classroom.

It is anticipated that the roll out of the new program and course evaluation tool will be May of 2014. The new evaluation tool will be piloted in three courses to assess viability of items. Focus groups will be held using participants in the three or four courses to provide additional data and feedback prior to roll out. The feedback received will help refine the evaluation tool before it is used in all courses, program, hospital wide initiatives and nursing orientations. Further research will be necessary to determine best practice in delivery to stakeholders, instructors and course or program planners.

References

- Bloom, B. S., Hastings, T. J., & Madaus, G. F. (1973). *Handbook on formative and summative evaluation of student learning*. New York, NY: McGraw-Hill.
- Clarke A. (2001). Evaluation research in nursing and health care, *Nurse Researcher* 8(3), 4-14.
- Debourgh, G. A. (2012). Synergy for patient safety and quality: academic and service partnerships to promote effective nurse education and clinical practice. 28(1), 48-61.
- Dunn, K. E., & Mulvenon, S. E. (2009). A critical review of research on formative assessments: The limited scientific evidence of the impact of formative assessments in education. *Practical Assessment, Research & Evaluation*, 14(7), 1-11.
- Driscoll, J., & Cadden, D. (2010). Student evaluation instruments: The interactive impact of course requirement, student level, department and anticipated grade. *American Journal of Business Education*, 3(5), 21-30. Retrieved from <http://search.proquest.com.ezproxy.library.wisc.edu/docview/325136798?accountid=465>
- Finstad, K. (2010). Response interpolation and scale sensitivity: evidence against 5-point scales. *Journal of Usability Studies*, 5(3), 104-110.
- Göb, R., McCollin, C., & Ramalhoto, M. (2007). Ordinal methodology in the analysis of Likert scales. *Quality & Quantity: International Journal of Methodology*, 41(5), 601-626. doi:10.1007/s11135-007-9089-z
- Chen, H., & Rossi, P. H. (1987). The theory-driven approach to validity . *The theory-driven approach to validity* , 10(1), 95-103.
- Kaplowitz, M. D., Lupi, F., Couper, M. P., & Thorp, L. (2012). The effect of invitation design on web survey response rates. *Social Science Computer Review*, 30(3), 339-349. doi:10.1177/0894439311419084
- Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (1999). *To err is human: Building a safer health system*. Washington D.C.: The National Academies Press.
- Losby , J., & Wetmore , A. (2012). *Using likert scales in evaluation survey work*. National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention... Retrieved from website: http://www.cdc.gov/dhds/pubs/docs/CB_February_14_2012

- Manfreda, K. L., Bosnjak, M., Berzelak, J., Haas, L., & Vehovar, V. (2008) Web surveys versus other survey modes. *International Journal of Market Research*, 50, 79-104.
- Morey J. C., Simon R., Jay G. D., Wears R. L., Salisbury M., Dukes K. A. (2002). Error reduction and performance improvement in the emergency department through formal teamwork training: Evaluation results of the MedTeams project. *Health Services Research*, 37, 1553-1581.
- Sánchez-Fernández, J., Muñoz-Leiva, F., & Montoro-Ríos, F. (2012). Improving retention rate and response quality in Web-based surveys. *Computers In Human Behavior*, 28(2), 507-514. doi:10.1016/j.chb.2011.10.023
- Sanders, W. L., & Rivers, J.C. (1996). Cumulative and residual effects of teachers on future student academic achievement. Knoxville: University of Tennessee Value-added Research and Assessment Center.
- Scriven, M. (1967). The methodology of evaluation. In R. W. Tyler, R. M. Gagne, & M. Scriven (Eds.), *Perspectives of curriculum evaluation*, 39-83. Chicago, IL: Rand McNally.
- Walsh, K., Duke, J., Foureur, M., & Macdonald, L. (2007). Designing an effective evaluation plan: a tool for understanding and planning evaluations for complex nursing contexts. *Contemporary Nurse: A Journal For The Australian Nursing Profession*, 25(1/2), 136-145.
- Xu, Y. (2012). Developing a comprehensive teaching evaluation system for foundation courses with enhanced validity and reliability. *Association for Educational Communications and Technology*, 60(5), 821-837. Doi:10.1007/s11423-012-9240-y



At the end of this program, I was able to meet the following objectives:

	Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree
Objective "A"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objective "B"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Objective "C"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the following:

	Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree
The presenter demonstrated expertise in the content area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The presenter allowed time for questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The content was presented in a logical sequence that	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The teaching methods used help facilitate my learning:

	Strongly Agree	Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Disagree	Strongly Disagree	Not Applicable
PowerPoint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case Study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which teaching method used was most effective in facilitating your learning?
Why?

Which teaching method used was the least effective in facilitating your learning?
Why?

The course or program content was applicable to my practice.

-
- | | | | | | | |
|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| Strongly Agree | Agree | Somewhat Agree | Neither Agree nor Disagree | Somewhat Disagree | Disagree | Strongly Disagree |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Overall, how satisfied are you with this course or program.

-
- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Very Satisfied | Satisfied | Somewhat Satisfied | Neutral | Somewhat Dissatisfied | Dissatisfied | Very Dissatisfied |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |