

Course Evaluation

Course Title: _____

Instructor: _____

Date Range: _____

Instructions: Where indicated, please check the box that best describes your opinion of the course and instructor. Where asked, please provide written details. Your comments are important to us. Thank you for completing this questionnaire.

The Course and Instructor

	Great	Good	Fair	Poor	N/A
1. Clarity of information presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Value of information presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quality of instructor (s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Effectiveness of training materials (i.e. handouts, notes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Length of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Location of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overall training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you find most valuable about the training? _____

What improvements would you recommend? _____

What specific skills and knowledge will you apply on your job as a result of the training? _____

What other topics would you like to see offered in the future? _____

Additional Comments _____

Name/Position: _____ (optional)