

# COURSE EVALUATION

Name: \_\_\_\_\_ Shop: \_\_\_\_\_ Date: \_\_\_\_\_

Course Name: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Thank you for your participation in this course. Your comments, criticisms and suggestions are valuable to us in preparing for futures courses. Please take a few minutes to rate the below statements and then answer the questions. Feel free to enter additional comments in the designated block and utilize the back if necessary. Thank you.

	5 Strongly Agree	4 Agree	3 Neither Agree or Disagree	2 Disagree	1 Strongly Disagree	0 Not Applicable
1 The subject matter was well prepared and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Content was relevant and valuable to my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Course materials were suitable ( <i>handouts, visuals, etc.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Course was interesting and kept my attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 The trainer(s) were well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 The trainer(s) presented the material clearly and effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 The trainer(s) was/were knowledgeable of the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Overall, the session met my needs and expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 The physical facilities were conducive to learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Would you recommend this course to others? <input type="checkbox"/> YES <input type="checkbox"/> NO						
11 What was the most helpful part of the course?						
12 What was the least helpful part of the course? What can be improved?						
Additional Comments ( <i>use the back if necessary</i> ):						

All fields are required

ALL required fields on this form must be completed and those not required indicate N/A