

## STUDENT TRAINING COURSE EVALUATION

Course Name and Number: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Check the response that best reflects your opinion. If you have specific input on the course's strengths or improvement opportunities, provide comments in the Remarks section.

### **This Course**

- Exceeded my expectations
- Fulfilled my expectations
- Failed to meet my needs

**Remarks:**

### **Course Time Allocated**

- Appropriate
- Took too much time (should be shorter)
- Insufficient (needed to be longer)

**Remarks:**

### **Level of Instruction**

- Appropriate<sup>77</sup>
- Too basic
- Too advanced

**Remarks:**

### **Instructor Presentations**

(Consider objectives met, clarity of instruction, enthusiasm, training aids, exercises, methods used.)

- Excellent
- Good
- Satisfactory
- Unsatisfactory

**Remarks:**

**Course Materials**

(Consider usefulness of texts, exercises, handouts, reference materials.)

- Excellent
- Good
- Satisfactory
- Unsatisfactory

**Remarks:**

**Classroom and Breakout Room**

(Consider lighting, temperature, cleanliness, furnishings, equipment, distractions.)

- Excellent
- Good
- Satisfactory
- Unsatisfactory

**Remarks:**

**Correspondence and Guidance**

(Consider timing of pre-course materials and information provided concerning, travel, lodging, logistics.)

- Excellent
- Good
- Satisfactory
- Unsatisfactory

**Remarks:**

What did you like MOST about this course?

What did you like LEAST about this course?

Recommendations for improving this course (be specific):

Name (optional):