

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

Remarks:

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

Course Time Allocated

Remarks:

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

Level of Instruction

Remarks:

- ☐ Appropriate⁷⁷
- ☐ Too basic
- ☐ Too advanced

Instructor Presentations

Remarks:

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

- ☐ Excellent
- ☐ Good
- ☐ Satisfactory
- ☐ Unsatisfactory

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):