

COURSE DATE(S):
COURSE LOCATION:
COURSE CODE:
COURSE TITLE:
COURSE INSTRUCTOR:

INSTRUCTOR							SESSION						
0	0	0	1	3	0	4	7	0	0	2	4	5	1
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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• Use a No. 2 pencil or a black ink pen only.
• Make solid marks that fill the response completely.
CORRECT: ●

Please complete this evaluation as openly and honestly as you can. Your feedback is important as we seek to meet your training needs. Please indicate the response which best expresses your assessment of the below items. If questions do not apply to you, please fill in N/A, for "not applicable."

1 THE COURSE		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
A.	Objectives were achieved.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.	Course will help me improve my current or future job performance.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.	Subject matter was well organized.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.	Materials were suitable (exercises, handouts, audiovisuals, etc.).	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.	Appropriate variety of instructional methods was used.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F.	I would recommend this course to others.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G.	Overall met my needs.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 THE INSTRUCTOR		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
A.	Effectively related subject matter to work situations.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.	Effectively kept discussions focused on relevant topics.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.	Encouraged course participation and interaction among participants.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.	Was considerate of and responsive to participant needs.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.	Was prepared and organized.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F.	Overall was effective.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3 THE FACILITIES		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
A.	Were conducive to learning.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.	Were easily accessible by public transportation.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.	Accommodated those with special needs.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4 YOUR KNOWLEDGE/SKILL LEVEL IN THE SUBJECT MATTER		Little/None	Basic	Intermediate	Advanced	Expert/Mastery	N/A
A.	BEFORE the course could be rated as...	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.	AFTER the course could be rated as...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 CUSTOMER SERVICE (For Open Enrollment Courses Only)		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
A.	The course description was informative and accurate.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.	Graduate School staff proved helpful in answering questions.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.	The confirmation notice was accurate and complete.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.	From what source did you learn about this course?	<input checked="" type="radio"/> Catalog <input type="radio"/> Flyer or Brochure <input type="radio"/> Conference or Exhibit <input type="radio"/> Radio/TV <input type="radio"/> Web site <input type="radio"/> E-mail <input type="radio"/> Print Ad <input type="radio"/> Word of Mouth					

1

What was particularly effective about this course?

Hands on

2

Describe any part of the course that needs improvement.

OK as is

3

Was the time allotted to the learning activity appropriate? Yes No Comments, if any:

4

How will you apply what you learned in this course?

A+ EXAM

5

Please provide referrals.

Would you recommend this course to others at your organization? If so, whom should we contact?

Name: _____ Title: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Would your organization benefit by bringing this course on-site to your location? If so, whom should we contact?

Name: _____ Title: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

(OPTIONAL)

Name: _____ Title: _____

Agency: _____

May we use you as a reference on this course? Yes No