

Course Name

Course Evaluation

Instructor: _____

Date of Session: _____

This survey will be used to assist in ensuring that the course content continues to meet the needs of the participants. Your feedback is appreciated.

Please circle the number that agrees best with your feelings.

	Agree		Disagree		Not Applicable
Content					
The course objectives were covered to meet my needs.	4	3	2	1	n/a
The trainings exercises were at a level that met my needs.	4	3	2	1	n/a
The training material was useful to me.	4	3	2	1	n/a
The training material was appropriate.	4	3	2	1	n/a
Instructor					
The instructor was comfortable with the material.	4	3	2	1	n/a
The instructor was able to answer my questions to my satisfaction.	4	3	2	1	n/a
The instructor had good pacing with regards to covering the material.	4	3	2	1	n/a
The instructor was well prepared and organized.	4	3	2	1	n/a

Please turn sheet over

	Agree		Disagree		Not Applicable
Overall Impression					
The course content met my expectations.	4	3	2	1	n/a
The room/environment was comfortable for learning.	4	3	2	1	n/a
I feel comfortable with the material.	4	3	2	1	n/a

Are there any areas you would like further clarification on?

What worked best for you?

What didn't you like the most?

Another additional comments?

Name (optional): _____

Thank you for taking the time
to complete this survey.