



Law Enforcement Training Advisory Commission

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Bruce Liebe-Director

COURSE EVALUATION FORM

COURSE TITLE:

COURSE DATES:

to

TIME

to

LOCATION:

**** Circle the number which most accurately represents your response. Please note reasons for any response of 3 or below. ****

1. My overall professional expectations of this training course were:

Satisfied			Dissatisfied	
5	4	3	2	1

2. I feel that this course was a benefit to the officers in attendance:

Agree			Disagree	
5	4	3	2	1

3. The content of the program was relevant to the needs of my department:

Agree			Disagree	
5	4	3	2	1

4. The training course was organized and flowed:

Effectively			Poorly	
5	4	3	2	1

5. The handout materials provided were:

Worthwhile			Not Worthwhile	
5	4	3	2	1

6. The training site/environment for this course was:

Excellent			Poor	
5	4	3	2	1

7. Overall, the instructor performance was:

Excellent			Poor	
5	4	3	2	1

A. Instructor: _____

5	4	3	2	1
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B. Instructor: _____

5	4	3	2	1
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C. Instructor: _____

5	4	3	2	1
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8. The strongest parts of this training course were: _____

9. The weakest parts were: _____

10. Other comments concerning this course: _____

11. Courses I would be interested in attending in the future: _____

Illinois Law Enforcement Training & Standards Board Mobile Team Unit #10

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