

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:

<u>Satisfied</u>			<u>Dissatisfied</u>	
5	4	3	2	1

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

<u>Agree</u>			<u>Disagree</u>	
5	4	3	2	1

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

<u>Agree</u>			<u>Disagree</u>	
5	4	3	2	1

4. The training course was organized and flowed:

<u>Effectively</u>			<u>Poorly</u>	
5	4	3	2	1

5. The handout materials provided were:

<u>Worthwhile</u>			<u>Not Worthwhile</u>	
5	4	3	2	1

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

<u>Excellent</u>			<u>Poor</u>	
5	4	3	2	1

7. Overall, the instructor performance was:

<u>Excellent</u>			<u>Poor</u>	
------------------	--	--	-------------	--

A. Instructor: _____

5	4	3	2	1
---	---	---	---	---

B. Instructor: _____

5	4	3	2	1
---	---	---	---	---

C. Instructor: _____

5	4	3	2	1
---	---	---	---	---

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: _____

