



Law Enforcement Training Advisory Commission

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Bob Crouch, 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:	<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>
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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: _____
