



INSTRUCTOR'S COURSE EVALUATION

Course Name and Number: _____ Lead Instructor: _____

Date: _____ Location: _____ Your Name: _____

Check the response that best reflects your opinion. If you have specific input on the course's strengths or improvement opportunities, provide comments in the Remarks section. Please use the back of this form, or attach additional pages, to provide more detailed explanations.

This Course Remarks: Exceeded my expectations Fulfilled my expectations Failed to meet my needs

Course Time Allocated Remarks: Appropriate Took too much time (should be shorter) Insufficient (needed to be longer)

Student Participation: Excellent Good Satisfactory Unsatisfactory

Course Materials Remarks: (Consider usefulness of texts, exercises, handouts, reference materials)

Excellent Good Satisfactory Unsatisfactory

Did you have all of the training materials you needed? YES NO

Classroom and Breakout Room Remarks: (Consider lighting, temperature, cleanliness, furnishings, equipment, distractions)

Excellent Good Satisfactory Unsatisfactory

Support and Guidance Remarks:

(Consider scheduling and support including information provided concerning, travel, lodging, logistics)

Excellent Good Satisfactory Unsatisfactory

Was the training cost effective? YES NO

What did you like MOST about this course? (Use the back of this page if more space is needed)

What did you like LEAST about this course? (Use the back of this page if more space is needed)

Recommendations for improving this course (be specific): (Use the back of this page if more space is needed)