

COURSE EVALUATION

Title of Course:	Trainer(s):
Location:	

Please rate the following:

	Exceeded Expectations	Met Expectations	Did Not Quite Meet Expectations	Exceedingly Below Expectations
Overall Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course Materials				
Clear and easy to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant to course topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be used later for reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers				
Professional/treated others with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stayed on topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowed time for discussion or hands-on practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the course location easy to find, suitable for the course, and conducive to learning? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?				
Was the length/time of the course suitable? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate by topic whether less time or more time is needed?				
What topics covered in this course did you find the most useful?				
What information would you have liked to have obtained from this training that was not covered or not covered well?				
Were there other aspects of the course that did not meet or were exceedingly below your expectations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please share:				
How could we further adapt the course to better meet your learning needs? (Additional resources, visual aids, hands-on activities, etc.?)				
Do you need additional help with a certain topic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please share: If you fill this in, please leave your name and phone number below so we may contact you.)				
What else would you like us to know? Additional Comments:				
I am interested in becoming a council trainer. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the information below.				

Name:	
Address:	
Day phone number:	Evening phone number:
E-mail address:	

Continue your comments on the back, if needed.