

JASPER COUNTY EMERGENCY SERVICES

Course Evaluation Form

Course Title: _____

Instructor(s): _____

Course Date(s): _____

Location: _____

Name and Agency (optional): _____

This questionnaire is designed to evaluate the training course, facility, and instructor(s).
 Please read each statement carefully. Place an x in the box below the appropriate number.
1 = strongly disagree 2 = agree 3 = neutral 4 = agree 5 = strongly agree
If unable to answer any specific statement, leave the line blank.

	1	2	3	4	5
Course objectives were clearly outlined.					
Clearly written and understandable student reference materials were provided.					
Subject matter was presented in a logical sequence.					
Audio-visual materials were used and adequately supported the presentation.					
Evaluation of the course covered presented material.					
Facility was conducive to a learning environment.					
Instructor(s) were adequately prepared.					
Instructor(s) appeared and acted in a professional manner.					
Instructor(s) demonstrated a clear knowledge of the presented material.					
Instructor(s) interacted with and encouraged participation from attendees.					
Instructor(s) offered opportunity to ask questions and subsequently provided answers.					
Course objectives were met.					
The course increased your knowledge / understanding of the course material.					

Comments

Please use the back of this sheet if necessary.
 Observations that you have regarding the course, instructor(s), or facility.

What would you like to see added or deleted from this course?

What class / program would you like to see offered in the future?
