

COURSE EVALUATION FORM

Please take a few minutes to answer the following questions and provide comments where necessary.

Course Title _____

Instructor/Trainer Robin K McCants Date _____

On a scale of 1-5 (low –high) please rank by circling the following items. This training provided at least three objectives:

<u>Before Training</u>		<u>After Training</u>
1 2 3 4 5	I can explain one use for this content.	1 2 3 4 5
1 2 3 4 5	I can list one strategy utilized in this session.	1 2 3 4 5
1 2 3 4 5	I can demonstrate at least one concept taught.	1 2 3 4 5
1 2 3 4 5	I can identify two outcomes from this session That is directly related to the use of this information.	1 2 3 4 5

1. Which parts of this training were most beneficial to you? _____

2. Please use the scale to respond, by choosing one of the numbered choices below, to rate the following items:

1= Unacceptable 2=Poor 3= Fair 4=Good 5= Excellent

The Instructor's knowledge of the subject. _____

The Instructor's clarity and organization. _____

The Instructor's enthusiasm about teaching. _____

How would you rate this session overall? _____

3. Were your training needs met? _____

4. Please provide more comments on the back of this paper if needed: _____

Name (Optional) _____

Thank you for your time and comments