



# Course Evaluation (MULTIPLE INSTRUCTORS)

Course: \_\_\_\_\_

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Instructions: Please complete this evaluation by placing a ✓ in the appropriate column on the scale below. Your feedback will assist the South Central Training and Learning Center in improving our programs. All input will remain confidential.

5 = Strongly Agree  
1 = Strongly Disagree

| Evaluation Criteria: |  | 5 | 4 | 3 | 2 | 1 |
|----------------------|--|---|---|---|---|---|
| 1.                   | I had the knowledge and/or skills required to start this course. |   |   |   |   |   |
| 2.                   | The facilities and equipment were favorable to learning.         |   |   |   |   |   |
| 3.                   | I was able to take this course when I needed it.                 |   |   |   |   |   |
| 4.                   | I clearly understood the course objectives.                      |   |   |   |   |   |
| 5.                   | The course met all of its stated objectives.                     |   |   |   |   |   |
| 6.                   | The course was delivered effectively.                            |   |   |   |   |   |
| 7.                   | Participant materials were useful during the course.             |   |   |   |   |   |
| 8.                   | I had enough time to learn material covered in the course.       |   |   |   |   |   |
| 9.                   | The course content was logically organized.                      |   |   |   |   |   |
| 10.                  | My knowledge/skills increased as a result of this course.        |   |   |   |   |   |
| 11.                  | The knowledge/skills gained are applicable to my job.            |   |   |   |   |   |
| 12.                  | Overall I was satisfied with:                                    |   |   |   |   |   |
|                      | Instructor #1:   |   |   |   |   |   |
|                      | Instructor #2:   |   |   |   |   |   |
|                      | Instructor #3:   |   |   |   |   |   |
|                      | Instructor #4:   |   |   |   |   |   |
| 13.                  | Overall I was satisfied with this course.                        |   |   |   |   |   |

Most beneficial aspects of training:

\_\_\_\_\_

\_\_\_\_\_

Least beneficial aspects of training:

\_\_\_\_\_

\_\_\_\_\_

Other comments and/or suggestions:

\_\_\_\_\_

\_\_\_\_\_

Other training programs I would like to see offered:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name (optional)

\_\_\_\_\_  
Phone (optional)

Updated Apr 03