



Office Use: ST

TRAINING EVALUATION

Course Instructor Name Date:

Instructor Evaluation

	(1) Poor	(2) Fair	(3) Good	(4) Excellent
Knowledge of subject matter	1	2	3	4
Style of presentation	1	2	3	4
Ability to stimulate interest in class	1	2	3	4
Skill in demonstration & discussion methods	1	2	3	4
Genuine interest in students	1	2	3	4
Responsible with time (starting on time, being prepared, staying on track etc)	1	2	3	4

Content of Class

	(1) Poor	(2) Fair	(3) Good	(4) Excellent
Usefulness of class information	1	2	3	4
Organization of class	1	2	3	4
Sufficient time to complete course content	1	2	3	4
Quality of books & handouts	1	2	3	4
Relevance to your job	1	2	3	4

Classroom Information

	(1) Poor	(2) Fair	(3) Good	(4) Excellent
Parking area sufficient	1	2	3	4
Comfort level (classroom temperature, chairs, sufficient lighting)	1	2	3	4

Check your overall course satisfaction level:

- Very satisfied
- Satisfied
- Somewhat satisfied
- Dissatisfied

Would you recommend this course to other employees?

Yes No Possibly

Please explain why or why not:

What changes would make this course more efficient for you? (be specific)

Would you be interested in a follow-up or part II of this class?

Yes No Possibly

Optional Information

Print Name

Company

Signature

E-mail