



Course Evaluation

(Single Instructor)

Course: _____ Instructor: _____

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. | The facilities and equipment were favorable to learning. | | | | | |
| 2. | The course met all of its stated objectives. | | | | | |
| 3. | The course was delivered effectively. | | | | | |
| 4. | Participant materials were useful during the course. | | | | | |
| 5. | I had enough time to learn material covered in the course. | | | | | |
| 6. | The course content was logically organized. | | | | | |
| 7. | My knowledge/skills increased as a result of this course. | | | | | |
| 8. | The knowledge/skills gained are applicable to my job. | | | | | |
| 9. | Overall I was satisfied with the instructor. | | | | | |
| 10. | 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)