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| --- | --- | --- | --- |
|  | Regional Training and Development Consortium for Public Agencies | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | Session: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SESSION EVALUATION** | | Instructor(s): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please take the time to fill out this evaluation. Your comments and impressions will help us evaluate the merits of this session.

**Please rate your opinion about the course/program on a 1 to 5 scale with 1 representing POOR and 5 representing EXCELLENT (Circle your choice). Make any additional comments in the space provided.**

1. **Course instructor:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A. | Organization | **1** | **2** | **3** | **4** | **5** |
| B. | Presentation Skills | **1** | **2** | **3** | **4** | **5** |
| C. | Attitude / Enthusiasm | **1** | **2** | **3** | **4** | **5** |
| D. | Knowledge of Subject Matter | **1** | **2** | **3** | **4** | **5** |
| E. | Ability to handle questions | **1** | **2** | **3** | **4** | **5** |
| F. | Quality of Handouts / Materials | **1** | **2** | **3** | **4** | **5** |

**Please rate the extent to which you agree with the following statements on 1 to 5 scale with 1 representing Strongly Disagree and 5 representing Strongly Agree (Circle your choice).**

1. **Course Effectiveness:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A. | The course met its stated objectives. | **1** | **2** | **3** | **4** | **5** |
| B. | This course was relevant to my current job and/or career development. | **1** | **2** | **3** | **4** | **5** |
| C. | I learned new skills that can be applied on the job. | **1** | **2** | **3** | **4** | **5** |
| D. | Overall, I am satisfied with this course. | **1** | **2** | **3** | **4** | **5** |

1. **What do you think about the session balance?**

**Session length** ❑ Too Short ❑ About Right ❑ Too Long

**Group Participation** ❑ Too Much ❑ About Right ❑ Too little

**Presentation/lecture** ❑ Too Much ❑ About Right ❑ Too little

**Level of content** ❑ Too Basic ❑ About Right ❑ Too Advanced

**4. We would appreciate any suggestions that would improve the overall value of the program:**

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1. **What was the most valuable part of the course for you?**

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1. **Additional comments:**

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**~ OPTIONAL ~**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City/County**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* \* \* THANK YOU FOR YOUR FEEDBACK! \* \* \***