

## Course Evaluation Form

Course Title	Training Location	Training Date

We would greatly appreciate your feedback on the following questions. Your input will be used to improve this course. Please return this form to the instructor when you are finished. Thank you.

Please mark one choice for each item that indicates your level of satisfaction	Strongly Agree (5)	Agree (4)	Somewhat Agree (3)	Disagree (2)	Strongly Disagree (1)	Not Applicable (N/A)
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1. I had the prerequisite knowledge and skills necessary for this course.	<input type="checkbox"/>					
2. I understood the objectives of this course.	<input type="checkbox"/>					
3. I will be able to apply the knowledge and skills I learned on the job.	<input type="checkbox"/>					

4. The trainer was prepared for this course.	<input type="checkbox"/>					
5. The trainer was knowledgeable about the subject.	<input type="checkbox"/>					
6. The trainer's delivery of the content was clear and easy to follow.	<input type="checkbox"/>					

7. The course provided me with new information.	<input type="checkbox"/>					
8. The length of the course was appropriate to learn and meet the objectives.	<input type="checkbox"/>					
9. On the job application was discussed during the course.	<input type="checkbox"/>					
10. The training material helped me understand the topics in the course.	<input type="checkbox"/>					

11. I would recommend this course to others.	<input type="checkbox"/>					
12. Overall, I was satisfied with this course.	<input type="checkbox"/>					

Please add any additional comments below:

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