

Instructors:

Please note, AHA requires Instructors to have students fill out evaluations on their course.
Please keep these evaluations on file along with your participation roster for three years.

Thank you.

EVALUATION FORM

Minnesota State Colleges and Universities
Fire/EMS/Safety Center--Community Training Center
 1450 Energy Park Drive, Suite 100B, Saint Paul, Minnesota 55108-5265

Main: 51-649-5454

Fax: 651-649-5409

800-311-3143 (Toll Free)

Course Title: _____ **Course Date:** _____

Name of Organization: _____

Location: _____

Instructor's Name: _____

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1. The purpose and expected outcome of the training was explained at the beginning of the course.					
2. The training topic was presented by an individual knowledgeable in the subject.					
3. The course material was communicated effectively.					
4. Participants were treated in a nondiscriminatory manner.					
5. Class/lab time was utilized effectively.					
6. Time was allowed to ask questions.					
7. The course content was clearly organized and well prepared.					
8. Course activities were directly related to course goals.					
9. Course materials were useful, accurate, and appropriate and legible.					
10. Course objectives and examples were relevant to knowledge/skill requirements of my job.					
11. The training facilities provided a satisfactory learning environment.					
12. The location of the training met my needs.					
13. The course met at a time that was convenient for me.					
14. The course improved my knowledge/ability/attitude about the subject.					
15. I anticipate my on-the-job performance will improve as a result of this training.					

Please comment on the back side.

Thank you for participating in this course or presentation.
In order for us to serve your needs, please respond to the statements listed below.

1. Please add your personal comments regarding questions 1-15 from the front page.
2. What course objectives/activities did you find most valuable?
3. I really enjoyed...
4. It might have been better if...
5. What other training would be of interest to you.

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Name of Instructor: _____

Overall Rating of Instructor: _____

Remediation Necessary: _____ Yes _____ No

Evaluation Narrative: _____

Evaluator: _____ Date: _____