COURSE EVALUATION

AGENCY/PROVIDER: _____ **COURSE DATE:** _____

COURSE TITLE: _____ **CERTIFICATION NUMBER:** _____

INSTRUCTOR NAME (S):

1. _____ **2.** _____ **3.** _____

4. _____ **5.** _____ **6.** _____

7. _____ **8.** _____ **9.** _____

	PLEASE RATE THE FOLLOWING :	STRONGLY DISAGREE 1	DISAGREE 2	NEITHER 3	AGREE 4	STRONGLY AGREE 5
1.	I will be able to apply the course learning objectives and course material to my job in a timely manner.	○	○	○	○	○
2.	I will be able to apply learning objectives to improve my job performance.	○	○	○	○	○
3.	The physical environment of the facility/classroom was conducive to the learning experience.	○	○	○	○	○
4.	The content of the course (subject matter) was relevant to the audience.	○	○	○	○	○
5.	The length of the course was appropriate for its content.	○	○	○	○	○
6.	The organization of the course was conducive to learning.	○	○	○	○	○
7.	The classroom activities were relevant to course content.	○	○	○	○	○
8.	The course materials (handouts, flyers, etc) were relevant to the performance objectives.	○	○	○	○	○
9.	The electronic media such as PowerPoint, video clips, etc. were relevant to the course.	○	○	○	○	○
10.	The trainer/speaker demonstrated a clear and thorough knowledge of the subject matter/course content.	○	○	○	○	○
11.	The trainer/speaker demonstrated excellent stand-up training skills such as : -managing the learning environment -effective use of voice, gestures, and eye contact -responding to participants questions	○	○	○	○	○
12.	Overall, I would rate this course as an excellent learning experience.	○	○	○	○	○

GENERAL COMMENTS:

NAME _____ **EMAIL** _____
(OPTIONAL) (OPTIONAL)

NOTE: **This evaluation goes to your training manager. If you would like to submit additional comments, suggestions or input regarding this or any other STC course please go to our website at www.cdcr.ca.gov/csa/stc and complete our Course Comment form. This may be done anonymously or you have the option to have an STC representative contact you.**