

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. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. | I will be able to apply learning objectives to improve my job performance. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. | The physical environment of the facility/classroom was conducive to the learning experience. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. | The content of the course (subject matter) was relevant to the audience. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. | The length of the course was appropriate for its content. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. | The organization of the course was conducive to learning. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. | The classroom activities were relevant to course content. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. | The course materials (handouts, flyers, etc) were relevant to the performance objectives. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. | The electronic media such as PowerPoint, video clips, etc. were relevant to the course. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. | The trainer/speaker demonstrated a clear and thorough knowledge of the subject matter/course content. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. | Overall, I would rate this course as an excellent learning experience. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

GENERAL COMMENTS:

NAME _____
 (OPTIONAL)

EMAIL _____
 (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.bscc.ca.gov/programs-and-services/stc/resources and complete our Course Feedback Form. This may be done anonymously or you have the option to have an STC representative contact you.