



Evaluation Form

Course Name: _____ Date: _____

Location: _____ Sponsor: _____

Instructor(s): _____

Course Feedback Scale: 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

I understood the learning objectives.	1	2	3	4	5
I found the course materials easy to navigate.	1	2	3	4	5
I felt that the course materials will be essential to my success.	1	2	3	4	5
I will be able to immediately apply what I learned.	1	2	3	4	5
I was appropriately challenged by the material.	1	2	3	4	5

What are the three biggest things you learned from this course:

From what you learned, what do you plan to apply back at your job?

Instructor Feedback Scale: 1-Strongly Disagree, 2-Disagree, 3-Neutral, 4-Agree, 5-Strongly Agree

My learning was enhanced by the knowledge of the facilitator.	1	2	3	4	5
It was easy for me to get actively involved during the session.	1	2	3	4	5
I felt the instructor was well prepared and professional.	1	2	3	4	5
I felt the instructor had in-depth understanding of the subject matter.	1	2	3	4	5
I was given ample opportunity to practice the skills I am asked to learn.	1	2	3	4	5

Would you recommend this instructor to others? Yes No

Did the instructor sell product in the classroom? Yes No

Overall Feedback

How likely is it that you would recommend this course to a colleague?

0	1	2	3	4	5	6	7	8	9	10
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Not likely at all

Very likely

Care to tell us why? Your feedback will help us improve:

Thank you for taking the time to complete this evaluation.
We sincerely value your feedback!