

PARTICIPANT EVALUATION

COURSE DATES

COURSE TITLE

WHAT DID YOU EXPECT TO GAIN FROM THIS COURSE?

DID THE COURSE MEET YOUR NEEDS?

WHAT IS YOUR OVERALL EVALUATION OF THIS COURSE?

EXCELLENT

GOOD

SATISFACTORY

UNSATISFACTORY

HOW EFFECTIVE WERE THE INSTRUCTORS

| NAME | EXCEL | GOOD | SAT | UNSAT | COMMENTS ABOUT THE INSTRUCTORS |
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WHAT DID YOU PARTICULARLY LIKE ABOUT THE COURSE... AND WHAT ARE ITS STRENGTHS?

DO ANY PARTS OF THE COURSE NEED IMPROVEMENTS?

NO

YES (Please explain)

DID THE COURSE ACHIEVE ITS OBJECTIVES?

YES

NO (If not, please explain)

GENERAL COMMENTS ABOUT THE COURSE:

NAME OF STUDENT (Optional)

TELEPHONE (Optional)