

Course Name: Click or tap here to enter text:
or tap to enter a date.

Date: Click or tap here to enter text. - Click

Instructor: Click or tap here to enter text.

Please take a few moments to answer the following questions, which will be used to assist us in meeting your needs. On behalf of the Continuing Education Department at MCC, we thank you.

1. Course Content				
	<i>Please complete the following statements about the course.</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>
1.1	Course objectives were clearly stated			
1.2	The course sequence was easy to follow			
1.3	Sufficient time was allowed for each topic			
1.4	The facilities and equipment were favorable to learning			
1.5	The course content has prepared me well for work			
2. Instructor Rating				
	<i>Please complete the following statement for each instructor</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>
2.1	The Instructor demonstrated knowledge of subject matter.			
	<i>Instructor:</i>			
	<i>Instructor:</i>			
	<i>Instructor:</i>			
2.2	The Instructor provided appropriate feedback and answers.			
	<i>Instructor:</i>			
	<i>Instructor:</i>			
	<i>Instructor:</i>			
2.3	The Instructor acted professionally and was prepared/organized.			
	<i>Instructor:</i>			
	<i>Instructor:</i>			
	<i>Instructor:</i>			
2.4	The instructor communicated material effectively.			
	<i>Instructor:</i>			
	<i>Instructor:</i>			
	<i>Instructor:</i>			
2.5	I would recommend this instructor to others.			
	<i>Instructor:</i>			
	<i>Instructor:</i>			
	<i>Instructor:</i>			
Additional Questions				
What did you find was the most valuable part of this course?				
Do you have any suggestions on how we could improve this program?				
Other Comments?				

TRAINING EVALUATION

Program Title: _____

Instructors: _____

Location: _____ Date _____

To guide us in planning future seminars, workshops, or training sessions, we would like you to complete the questions below. You need not sign the sheet unless you so desire.

<u>Please rate the following:</u>	Poor		Fair		Excellent
QUALITY OF PRESENTATION	1	2	3	4	5
ORGANIZATION	1	2	3	4	5
COURSE CONTENT	1	2	3	4	5
LENGTH	1	2	3	4	5
COURSE MATERIALS	1	2	3	4	5
TIMELINESS	1	2	3	4	5
PRACTICALITY	1	2	3	4	5
SPEAKER	1	2	3	4	5

For any factor rated "3 or below" please provide an example(s) of how it could be better:

What was the most value to you in this training session?

What was the least value to you in this training?

Any additional comments:

Signature: _____ (Optional)