



EVALUATION FORM



COURSE:

DATE:

	POOR			BEST	
PRESENTATION MATERIALS	1	2	3	4	5
CLASS DEMOS (if applicable)	1	2	3	4	5
INSTRUCTOR(S)	1	2	3	4	5
FACILITIES	1	2	3	4	5
TRAINING OVERALL	1	2	3	4	5
LAB EXERCISE (if applicable)	1	2	3	4	5

What did you like about the training?

What could have been done to make the training more effective?

Other Comments
