

EtaPRO® LLC

Course Evaluation Form

Course Name: _____

Instructors: _____ **Date:** _____

Your honest feedback on our performance is a critical step in our continuous improvement process. Please answer the questions below completely and candidly to indicate your level of satisfaction.

Performance Areas					
Marking Instructions:	Very Poor 1	Poor 2	Fair 3	Good 4	Excellent 5
COURSE MATERIAL/DESIGN					
1. How was the quality of the learning material (participant guides, handouts, etc.)? Well organized, complete, readable, aided in the learning process? Include specific comments below.	①	②	③	④	⑤
Comments:					
2. How well did the course meet your expectations?	①	②	③	④	⑤
Comments:					
3. How well did the course meet the learning objectives?	①	②	③	④	⑤
Comments:					
4. How well did the activities and exercises promote learning?	①	②	③	④	⑤
Comments:					
5. How would you rate the training equipment provided and the training environment?	①	②	③	④	⑤
Comments:					
INSTRUCTOR					
6. Was prepared for the presentation?	①	②	③	④	⑤
7. Demonstrated content expertise?	①	②	③	④	⑤
8. Established and maintained credibility?	①	②	③	④	⑤

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9. Demonstrated effective communication skills?	①	②	③	④	⑤
10. Demonstrated effective questioning techniques?	①	②	③	④	⑤
11. Responded appropriately to student's need for clarification or feedback?	①	②	③	④	⑤
12. Provided positive reinforcement and motivation?	①	②	③	④	⑤
13. Used instructional methods effectively?	①	②	③	④	⑤
Comments:					
OVERALL RATING					
14. How would you rate the course overall?	①	②	③	④	⑤
15. Would you recommend the course to others?	YES				NO
16. What did you like most about the course?					
Comments:					
17. What would you like to change or delete?					
Comments:					
18. How did you hear about this course?	Website	Email	Colleague		
Other:					
ADDITIONAL COMMENTS:					

Although it is not necessary to write your name, if you do, you give us an opportunity to contact you to clarify comments and improve the course further. Thank you for your cooperation.

Student Name (optional): _____ Organization (optional): _____

Phone Number (optional): _____ Email (optional): _____