

CARB Course Evaluation

**CALIFORNIA AIR RESOURCES BOARD
UNIFORM AIR QUALITY TRAINING PROGRAM
COURSE EVALUATION**

LOCATION: _____ DATE: _____

COURSE TITLE: _____ INSTRUCTOR: _____

CURRENT POSITION: _____

1. Did the instructor present the material in a satisfactory manner?
 Yes No Somewhat

Comments: _____

2. Were questions asked in class answered in a satisfactory manner?
 Yes No Somewhat

Comments: _____

3. Were the handouts and learning aids of value to the presentation?
 Yes No Somewhat

Comments: _____

4. Did the course meet your expectations?
 Yes No Somewhat

Comments: _____

5. Was the presentation relevant to your job?
 Yes No Somewhat

Comments: _____

6. Other Comments? _____

