

NATIONAL AIR QUALITY TRAINING PROGRAM COURSE EVALUATION FORM

TRAINING PROVIDER: <insert training provider name here>

COURSE #: <course #>
DATE: <course date(s)>

TITLE: <course title>
LOCATION: <course city/state>

STUDENT BACKGROUND (Check appropriate box for each)

1. Work discipline:
 Engineering Environmental/Technical Administrative Other _____
2. Present employer:
 State agency Local agency Federal agency Tribal Other _____
3. Experience in the air pollution control field:
 0 – 1 yr 2 – 5 yrs 5 - 10 yrs Over 10 yrs
4. In present position:
 0 – 1 yr 2 – 5 yrs 5 - 10 yrs Over 10 yrs
5. Principal duties:
 Permitting Monitoring Compliance Enforcement Other _____

INSTRUCTOR / COURSE EVALUATION

Circle appropriate rating using a scale of 1 to 5, with 5 being the best

Circle one number for each question	Highly Dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfied
<u>INSTRUCTIONAL SERVICES</u>					
1: <instructor name>					
1a) Communication and presentation skills?	1	2	3	4	5
1b) Knowledge of topics?	1	2	3	4	5
1c) Response to student questions?	1	2	3	4	5
1d) Professional demeanor?	1	2	3	4	5
2: <instructor name>					
2a) Communication and presentation skills?	1	2	3	4	5
2b) Knowledge of topics?	1	2	3	4	5
2c) Response to student questions?	1	2	3	4	5
2d) Professional demeanor?	1	2	3	4	5
Other comments					
<u>COURSE CONTENT</u>					
a) Course objectives clearly stated or written?	1	2	3	4	5
b) Was time sufficient for information presented?	1	2	3	4	5
c) Usefulness of information learned?	1	2	3	4	5
d) Impact to your professional growth?	1	2	3	4	5
e) Clarity level of information presented?	1	2	3	4	5
Other comments					
<u>FACILITY / SUPPORT</u>					
a) Quality of printed materials?	1	2	3	4	5
b) Organization of materials?	1	2	3	4	5
c) Quality of equipment used?	1	2	3	4	5
d) Classroom and facility environment?	1	2	3	4	5
Other comments					

PLEASE CONTINUE EVALUATION ON BACK OF THIS PAGE

1. What is your overall rating of this course (1 is highly dissatisfied, 5 is highly satisfied):

1 2 3 4 5

2. Would you recommend this course to others? Why or why not?

3. What are the most satisfying (strongest content) of this course and why? _____

4. How could we change this course to increase your satisfaction (e.g., the addition or exclusion of specific topics, other training methods, exercises, etc.)? _____

5. How did you learn of this course? (Would you prefer another method?) _____

6. Other general comments: _____

Optional student information:

Name: _____

Employer: _____

Phone #: _____

E-mail address: _____

Thank you for completing this evaluation form. Your suggestions and comments are an important tool to assist us in meeting your training needs both now and in the future.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering information, and completing and reviewing the collection of information. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggestions for reducing the burden, including the use of automated collection techniques to the Director, Information Collections Division, Office of Environmental Information, United States Environmental Protection Agency (Mail Code 2822T), 1200 Pennsylvania Avenue, NW, Washington, D.C. 20460; and to the Office of Information & Regulatory Affairs, Office of Management & Budget, 725 17th Street, NW, Washington, DC 20503, Attention: Desk Officer for EPA. Include the EPA