

TRAINING PROVIDER: SWEET Center / University of Texas at Arlington

COURSE #: APTI 482 **TITLE:** Sources & Control of Volatile Organic Air Pollutants
DATES: June 20 - 24, 2005 **LOCATION:** Louisiana DEQ, Baton Rouge, LA

STUDENT BACKGROUND

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

INSTRUCTOR / COURSE EVALUATION

Rate on a scale of 5 to 1, with 5 being the best

| Circle one number for each question | Excellent | Good | Average | Below Average | Poor |
|---|-----------|------|---------|---------------|------|
| <u>INSTRUCTIONAL SERVICES</u> | | | | | |
| 1: Jerry W. Crowder | | | | | |
| 1a) Communication & presentation skills? | 5 | 4 | 3 | 2 | 1 |
| 1b) Knowledge of topics? | 5 | 4 | 3 | 2 | 1 |
| 1c) Response to student questions? | 5 | 4 | 3 | 2 | 1 |
| 1d) Professional demeanor? | 5 | 4 | 3 | 2 | 1 |
| 2: N/A | | | | | |
| 2a) Communication & presentation skills? | 5 | 4 | 3 | 2 | 1 |
| 2b) Knowledge of topics? | 5 | 4 | 3 | 2 | 1 |
| 2c) Response to student questions? | 5 | 4 | 3 | 2 | 1 |
| 2d) Professional demeanor? | 5 | 4 | 3 | 2 | 1 |
| 3: N/A | | | | | |
| 3a) Communication & presentation skills? | 5 | 4 | 3 | 2 | 1 |
| 3b) Knowledge of topics? | 5 | 4 | 3 | 2 | 1 |
| 3c) Response to student questions? | 5 | 4 | 3 | 2 | 1 |
| 3d) Professional demeanor? | 5 | 4 | 3 | 2 | 1 |
| Other comments | | | | | |
| <u>COURSE CONTENT</u> | | | | | |
| a) Course objectives clearly stated or written? | 5 | 4 | 3 | 2 | 1 |
| b) Was time sufficient for information presented? | 5 | 4 | 3 | 2 | 1 |
| c) Usefulness of information learned? | 5 | 4 | 3 | 2 | 1 |
| d) Impact to your professional growth? | 5 | 4 | 3 | 2 | 1 |
| e) Clarity level of information presented was | 5 | 4 | 3 | 2 | 1 |
| Other comments | | | | | |
| <u>FACILITY / SUPPORT</u> | | | | | |
| a) Quality of printed materials? | 5 | 4 | 3 | 2 | 1 |
| b) Organization of materials? | 5 | 4 | 3 | 2 | 1 |
| c) Quality of equipment used? | 5 | 4 | 3 | 2 | 1 |
| d) Classroom / Facility environment? | 5 | 4 | 3 | 2 | 1 |
| Other comments | | | | | |

PLEASE CONTINUE EVALUATION ON BACK OF THIS PAGE

1. Would you recommend this course to your supervisor and/or peers? Why or why not?

2. What are the strengths of this course? _____

3. What changes should be made to improve this course, such as the addition, or exclusion of specific topics, other training methods, exercises, etc.? _____

4. Other general comments: _____

5. How did you learn of this course? _____

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.