

TRAINING PROVIDER:

COURSE #:

TITLE:

DATES:

LOCATION:

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) Tribe
 - e) 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: Instructor # 1					
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: Instructor #2 (if applicable)					
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: Instructor #3 (if applicable)					
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 instructor comments:					
<u>COURSE CONTENT</u>					
a) Course objectives clearly stated or written?	5	4	3	2	1
b) Difficulty level of information presented?	5	4	3	2	1
c) Was time sufficient for information presented?	5	4	3	2	1
d) Usefulness of information learned?	5	4	3	2	1
e) Impact to your professional growth?	5	4	3	2	1
Other course 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 course support 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.