

**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
<b><u>INSTRUCTIONAL SERVICES</u></b>					
<b>1: Instructor # 1</b>					
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
<b>2: Instructor #2 (if applicable)</b>					
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
<b>3: Instructor #3 (if applicable)</b>					
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:					
<b><u>COURSE CONTENT</u></b>					
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:					

<b><u>FACILITY / SUPPORT</u></b>					
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?

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2. What are the strengths of this course? \_\_\_\_\_

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

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4. Other general comments: \_\_\_\_\_

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5. How did you learn of this course? \_\_\_\_\_

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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.**