

## COURSE EVALUATION FORM

Date: \_\_\_\_\_

Course Title: \_\_\_\_\_

Instructor: \_\_\_\_\_

We value your feedback, and would like to hear your comments. Please rate the following from 1 to 5 with 1 being lowest and 5 being highest.

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| (1) The course content gave me valuable content.        | 1 | 2 | 3 | 4 | 5 |
| (2) The instructor was knowledgeable and well prepared. | 1 | 2 | 3 | 4 | 5 |
| (3) The training material was understandable.           | 1 | 2 | 3 | 4 | 5 |
| (4) Quality of the training materials.                  | 1 | 2 | 3 | 4 | 5 |
| (5) Time length of training was on target.              | 1 | 2 | 3 | 4 | 5 |
| (6) The questions I asked were answered.                | 1 | 2 | 3 | 4 | 5 |

(7) Do you have any comments?

(8) Any suggestions?

Thanks for your input. You can email, fax, or mail this back to our office, or turn it in at the training.

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Office: EHS, CUC, 150 East 8<sup>th</sup> Street, Claremont, Ca.

Your name: (optional): \_\_\_\_\_