



**LUZERNE COUNTY COMMUNITY COLLEGE  
PUBLIC SAFETY TRAINING INSTITUTE**

**Course Evaluation**

**Course Number:** \_\_\_\_\_ **Evaluation Date:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_ **Location(s):** \_\_\_\_\_

**Name of Instructor(s)** \_\_\_\_\_

**COURSE OR PROGRAM CONTENT:**

Amount of Material    ( ) Adequate      ( ) Too Much      ( ) Too Little  
 Level of Course        ( ) Appropriate    ( ) Too Basic      ( ) Too Advanced

<b>Instructor:</b>	Below Average	Average	Very Good	Excellent
Knowledge of subject	_____	_____	_____	_____
Evidence of Preparation	_____	_____	_____	_____
Utilization of class time	_____	_____	_____	_____
Ability to engage and involve participants in the training	_____	_____	_____	_____
Willingness to be helpful	_____	_____	_____	_____

<b>Self Evaluation</b>	Strongly Disagree	Disagree	Agree	Strongly Agree
I feel that I have learned what I should have from this course	_____	_____	_____	_____
This course is relevant for me to perform my job	_____	_____	_____	_____
I would recommend this course to someone else	_____	_____	_____	_____
What could be done to make your learning experience better?	_____			

<b>Facility</b>				
I feel this was a good learning environment	_____	_____	_____	_____

What could be done to make the learning environment better? \_\_\_\_\_

Should you want to speak personally about your experience, please contact the Public Safety Training Institute at 1-800-377-5222 ext 481 or 521. Thank you. We value your comments and suggestions.