

CSTI Hazardous Materials Course Student Evaluation Form
(One Evaluation Required Per Participant)

I. Your Agency (Optional): _____

II. Your Name (Optional): _____

III. Course Title: _____

IV. Course Date: _____

V. CSTI Class Number: _____

VI. Course Manager: _____

VII. Were stated Course Objectives met?: YES _____ NO _____

Based on the CSTI course you have just taken, and using the rating scale of 1 to 5 as indicated below, please rate the current QUALITY of:

1= Inadequate	2= Needs Improvement	3= Satisfactory	4= Good	5= Excellent
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1. Effectiveness of Instructor's presentation style and communication techniques. _____
2. Instructors concern for his/her participants. _____
3. Instructors level of knowledge. _____
4. Effectiveness of Instructors teaching ability / skills. _____
5. Effectiveness and proper use of visual aids. _____
6. Effectiveness and proper use of reference materials. _____
7. Effectiveness and proper use of training aids (props). _____
8. Effectiveness and appropriateness of the CSTI certified exam. _____
9. Level of difficulty of CSTI certified exam. _____
10. Course content (thorough - realistic). _____
11. Application (enough "hands-on" training). _____
12. Time management. _____
13. Motivation level of other participants. _____

Based on the CSTI course you have just taken, please answer (with explanation) the following questions:

14. In my opinion, the MOST BENEFICIAL block of instruction was:

15. In my opinion, the LEAST BENEFICIAL block of instruction was:

16. In my opinion, the #1 TOPIC for this course to address in the future is:

17. In my opinion, the #1 TRAINING SERVICE CSTI could provide in the future is:

18. This course _____ BENEFITED ME _____ DID NOT BENEFIT ME because:

Please use the rest of the page to share any other comments or suggestions that you feel will help us improve and refine CSTI courses / service in the future.

THANK YOU