

Directions: To fill out the following form, you can either 1) save the file to your computer, open the file in Adobe reader, fill out the form then print the completed form or 2) print out the form and fill out the survey by hand. The completed form can be scanned and emailed or faxed.

Traffic Incident Management Course On-Line Training Course

Course Evaluation Form

Please take a few minutes to complete this Course Evaluation form. It will help us ensure that the course continues to be a useful tool for you and your colleagues. Following the General Course Evaluation questions, there is space for you to provide specific comments about the individual slide(s).

When you are finished, you may submit this form by e-mail or FAX it to the number provided.

Contact Information:

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General Course Evaluation

Please check a circle for each of the following questions below indicating your answer.

After completing this course, I feel that:		Strongly Agree	Somewhat Agree	Agree	Somewhat Disagree	Strongly Disagree
1	This course is relevant to my day-to-day activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	This course provided me with valuable information and skills that I can use immediately on the job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	This course provided me with information that I did not receive in other work-related training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	I would recommend this course to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	The format of the course was effective for teaching this type of information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any other comments.

Attach additional sheets if necessary.

Comments on Specific Slides

Slide Number

Slide Comments

Slide Number

Slide Comments

Slide Number

Slide Comments

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We appreciate it if you would provide your contact information; this will allow us to follow-up with you if we have questions about any of your comments. If you prefer not to provide your contact information, please provide just your organization/agency type (i.e., local police, state transportation) so we can track the types of agency representatives taking the course and usefulness to those organizations.

Name:

Organization/Agency

Email:

Phone:

Thank you for taking the time to complete this course evaluation form!