

EVALUATION FORM

COURSE TITLE _____ DATE _____

PLEASE RATE THE PROGRAM QUALITY

Circle answer, 1 is the lowest, 5 is the highest

Quality of the Presentation Materials (PowerPoint, other Visual Aids)	1	2	3	4	5
Quality of the Training Materials (Handouts, Manuals, Brochures)	1	2	3	4	5
Quality of the Training Location	1	2	3	4	5
Overall Value of the Course Value = Cost vs. Benefit	1	2	3	4	5

PLEASE RATE THE ABILITY OF THE LEAD INSTRUCTOR

Overall Presentation Style (Eye Contact, Voice, Poise)	1	2	3	4	5
Credibility (Education, Experience)	1	2	3	4	5
Command of Subject (Subject Knowledge)	1	2	3	4	5
Enthusiasm for the Topic (Made you want to learn)	1	2	3	4	5
Students Interaction (Called students by name, asked for questions)	1	2	3	4	5

FINAL COMMENTS

Would you recommend this COURSE/INSTRUCTOR to others in your agency?	Yes	No
Would you recommend this TRAINING PROVIDER to others in your agency?	Yes	No
Will you be able to USE what you learned in the course?	Yes	No

ADDITIONAL COMMENTS

STUDENT CONTACT INFORMATION (OPTIONAL - NAME, AGENCY, STATE, PHONE, EMAIL)

THANK YOU FOR ATTENDING THIS POLICE TECHNICAL COURSE.

IF YOU HAVE ADDITIONAL COMMENTS OR WOULD LIKE ADDITIONAL TRAINING AT YOUR DEPARTMENT PLEASE CONTACT OUR OFFICE AT:

812.232.4200 OR AT INFO@POLICETECHNICAL.COM