

PROGRAM EVALUATION

Instructor: _____

Program: _____

Your Name: _____ Date: _____ / _____ / _____

Please circle the number that reflects your opinion. (1=poor, 10=outstanding)

1. Overall value of the program: 1 2 3 4 5 6 7 8 9 10

Comments: _____

2. Teaching skills of the instructor: 1 2 3 4 5 6 7 8 9 10

Comments: _____

3. Likelihood of implementing what you learned: 1 2 3 4 5 6 7 8 9 10

Comments: _____

4. What did you find most valuable? _____

5. What would you have excluded? _____

6. What wasn't included that you would like to learn? _____

