Course and Instructor Evaluation/Critique

Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your thoughtful responses to this questionnaire will assist us in improving our methods and objectives. Please indicate which response best reflects your opinion about the following categories

# Course Content

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Excellent | Good | Average | Fair | Poor | N/A |
| 1. | Workshop objectives were clearly stated | 5 | 4 | 3 | 2 | 1 |  |
| 2. | Objectives stated were met | 5 | 4 | 3 | 2 | 1 |  |
| 3. | Content was relevant to my personal/professional goals/job  | 5 | 4 | 3 | 2 | 1 |  |
| 4. | Material was well organized | 5 | 4 | 3 | 2 | 1 |  |
| 5. | Group discussion and small group activities were effective | 5 | 4 | 3 | 2 | 1 |  |
| 6. | Training materials contributed significantly to understanding | 5 | 4 | 3 | 2 | 1 |  |
| 7. | Overall rating of the course  | 5 | 4 | 3 | 2 | 1 |  |

**Instructor**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Excellent | Good | Average | Fair | Poor | N/A |
| 1. | Promoted an environment of learning | 5 | 4 | 3 | 2 | 1 |  |
| 2. | Demonstrated content knowledge | 5 | 4 | 3 | 2 | 1 |  |
| 3. | Provided an opportunity to ask questions | 5 | 4 | 3 | 2 | 1 |  |
| 4. | Responded well to questions | 5 | 4 | 3 | 2 | 1 |  |
| 5. | Promoted participant discussion and involvement | 5 | 4 | 3 | 2 | 1 |  |
| 6. | Clearly communicated information and instructions | 5 | 4 | 3 | 2 | 1 |  |
| 7. | Maintained class focus on course content | 5 | 4 | 3 | 2 | 1 |  |
| 8. | Used audio visual equipment effectively  | 5 | 4 | 3 | 2 | 1 |  |
| 9. | Overall rating for the instructor | 5 | 4 | 3 | 2 | 1 |  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* *Please turn page over and complete back portion* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**General Information**

1. What did you consider most effective about this course?

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1. What did you consider least effective about this course?

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1. What suggestions do you have for improvement?

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1. Please list or describe any additional training programs you would like to receive.

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1. Additional comments:

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If you feel there has been a violation of the Texas Occupations Code or the Texas Commission on Law Enforcement (TCOLE) rules regarding the training program, you may contact TCOLE direct as follows:

By Mail: 6330 East Highway 290, Suite 200, Austin, Texas 78723-1035. By Telephone: 512-936-7700

By TCOLE Web Page: http://www.tcole.texas.gov/content/complaint-procedures

Thank you for participating in today’s training program!