



EVALUATION FORM

NAME (optional): _____

LOCATION: _____

CLASS DATE: _____

COURSE INSTRUCTOR(S):

PLEASE PRINT THE NAMES OF YOUR INSTRUCTOR(S):

Part 1. This information will be used to assess the effectiveness of this course and to improve course content.

On a scale of 1 to 5 with “5” being the highest, please mark the response which best reflects your opinion.

Course: _____

	Strongly Disagree					Strongly Agree
	1	2	3	4	5	
A. Requirements and objectives were clear.						
B. Activities supported course objectives.						
C. Printed materials were complete and well organized.						
D. Audio-Visual materials were appropriate and effective.						
E. Contributed to my knowledge and skills.						
F. Course managers were knowledgeable.						
G. Course managers presented material in a creative manner.						
H. I would recommend this class to others.						

COMMENTS: -If column “1” is checked please explain why you strongly disagree.

1. What would you do to improve this course?

2. What types of training would you like to be held in the future?

3. Do you feel that you may assist others better than you would have before this training? (Please circle one)

YES NO

4. Do you feel CERT should be offered to other communities within Nassau County? (Please circle one)

YES NO

5. What was the most valuable piece of information you have learned through this CERT training?

6. Overall, do you feel this CERT training has been a positive experience?
(Please circle one) **YES NO**