

DU-ALL SAFETY COURSE EVALUATION

In an endeavor continually to improve our program, we ask each student to take a few minutes to complete this course evaluation. We appreciate your comments and will review them carefully. Thank you for your time. We look forward to serving your training needs in the future.

COURSE TITLE: **KWE**

DATE:

LOCATION :

INSTRUCTOR:

	Low				High
Did you consider this course valuable?	1	2	3	4	5
Did you develop new skills or knowledge in this subject?	1	2	3	4	5
Did the course meet your expectations?	1	2	3	4	5
Would you recommend this course to others?	1	2	3	4	5
Was the instructor effective (please comment below)?	1	2	3	4	5
Was the material well presented?	1	2	3	4	5
Were the materials comprehensive?	1	2	3	4	5
Will you use these skills learned in the future?	1	2	3	4	5
Overall class rating:	1	2	3	4	5

Instructor:

Please comment on any aspect of the course that particularly pleased you: _____

What aspects did not meet your approval, if any? _____

What would make this course even better? _____

Other comments: _____
