



## E-Plan Training Class Evaluation

We welcome your comments and suggestions to make E-Plan training better. After rating each area, please return the form to your instructor. Your feedback is important to us.

Date of Class \_\_\_\_\_ Location \_\_\_\_\_

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

|                            | <u><b>My Rating</b></u>            | <u><b>Comments</b></u> |
|----------------------------|------------------------------------|------------------------|
| Facilities...              |                                    |                        |
| Building and Classroom     | <input type="checkbox"/> Excellent | _____                  |
|                            | <input type="checkbox"/> Good      | _____                  |
|                            | <input type="checkbox"/> Fair      | _____                  |
|                            | <input type="checkbox"/> Poor      | _____                  |
| Training content...        |                                    |                        |
| Were the topics covered    | <input type="checkbox"/> Excellent | _____                  |
| beneficial to you?         | <input type="checkbox"/> Good      | _____                  |
|                            | <input type="checkbox"/> Fair      | _____                  |
|                            | <input type="checkbox"/> Poor      | _____                  |
| Visual Aids and Computer   | <input type="checkbox"/> Excellent | _____                  |
| Use...                     | <input type="checkbox"/> Good      | _____                  |
|                            | <input type="checkbox"/> Fair      | _____                  |
|                            | <input type="checkbox"/> Poor      | _____                  |
| Instructor(s) knowledge of | <input type="checkbox"/> Excellent | _____                  |
| the subject matter..       | <input type="checkbox"/> Good      | _____                  |
|                            | <input type="checkbox"/> Fair      | _____                  |
|                            | <input type="checkbox"/> Poor      | _____                  |
| Instructor(s) teaching     | <input type="checkbox"/> Excellent | _____                  |
| abilities....              | <input type="checkbox"/> Good      | _____                  |
|                            | <input type="checkbox"/> Fair      | _____                  |
|                            | <input type="checkbox"/> Poor      | _____                  |

Additional Comments for the Instructors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_