



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>My Rating</u>	<u>Comments</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 beneficial to you?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	_____
Visual Aids and Computer Use...	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	_____
Instructor(s) knowledge of the subject matter..	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	_____
Instructor(s) teaching abilities....	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	_____

Additional Comments for the Instructors: _____

