

Course Evaluation

Your feedback is important as it helps us to improve the quality of our training programs. Please rate the following statements:

Date Course Completed: _____ Instructor/Skill Evaluator Name _____

Organization of the activity:	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
I am satisfied with the training I received	1	2	3	4	5
I am satisfied with how the course was organized	1	2	3	4	5
EFFECTIVENESS OF THE INSTRUCTOR/SKILL EVALUATOR:					
The instructor presented the information clearly	1	2	3	4	5
The instructor helped me to learn the information	1	2	3	4	5
The instructor presented the information professionally	1	2	3	4	5
My questions were answered appropriately	1	2	3	4	5
QUALITY OF TEACHING METHODS:					
I am satisfied with the length and quantity of the training videos	1	2	3	4	5
I feel the training videos were high quality	1	2	3	4	5
I feel the testing accurately reflected the training received	1	2	3	4	5
I am satisfied with all of the training materials used	1	2	3	4	5
I am satisfied with the training format	1	2	3	4	5
EFFECTIVENESS OF SKILLS PRACTICE AND EVALUATION:					
I was able to complete my skill practice and evaluation in a timely manner	1	2	3	4	5
The instructor/skill evaluator had all the necessary equipment and it was in good order	1	2	3	4	5
I received appropriate feedback from the instructor/skill evaluator	1	2	3	4	5
The instructor/skill evaluator was professional and fair	1	2	3	4	5
Please Share Any Additional Comments:					

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