

CALIFORNIA REGIONAL FIRE & RESCUE TRAINING AUTHORITY

COURSE EVALUATION

COURSE TITLE: _____

LOCATION: _____

COURSE DATES: _____

PRIMARY INSTRUCTOR: _____

1. What was your reason for attending this course? _____

2. What information was the most useful? _____

3. Were printed materials
- | | | | | |
|-----------------------------|-----|-------|----|-------|
| a) well organized? | Yes | _____ | No | _____ |
| b) complete? | Yes | _____ | No | _____ |
| c) accurate and relevant? | Yes | _____ | No | _____ |
| d) readable (well printed)? | Yes | _____ | No | _____ |

Comments: _____

4. Were a/v materials
- | | | | | |
|---------------------------|-----|-------|----|-------|
| a) related to the course? | Yes | _____ | No | _____ |
| b) of good quality? | Yes | _____ | No | _____ |
| c) in appropriate number? | Yes | _____ | No | _____ |
| d) easy to see? | Yes | _____ | No | _____ |

Comments: _____

5. Did the instructor
- | | | | | |
|---|-----|-------|----|-------|
| a) relate the material to class needs? | Yes | _____ | No | _____ |
| b) know the subject thoroughly? | Yes | _____ | No | _____ |
| c) encourage student participation? | Yes | _____ | No | _____ |
| d) make course requirements/objectives clear? | Yes | _____ | No | _____ |
| e) answer all questions completely? | Yes | _____ | No | _____ |
| f) use course text effectively? | Yes | _____ | No | _____ |
| g) tolerate differences of opinion? | Yes | _____ | No | _____ |
| h) review the proper scantron procedures? | Yes | _____ | No | _____ |

Comments: _____

CALIFORNIA REGIONAL FIRE & RESCUE TRAINING AUTHORITY

COURSE EVALUATION

6. Did the classroom
- | | | | | |
|--|-----|-----|----|-----|
| a) provide a comfortable atmosphere? | Yes | ___ | No | ___ |
| b) include a manageable number of students? | Yes | ___ | No | ___ |
| c) contain a minimum number of distractions? | Yes | ___ | No | ___ |

Comments: _____

7. Did the course
- | | | | | |
|---|-----|-----|----|-----|
| a) contain enough activities? | Yes | ___ | No | ___ |
| b) include useful activities? | Yes | ___ | No | ___ |
| c) allow enough time for workload? | Yes | ___ | No | ___ |
| d) cover the right amount of material? | Yes | ___ | No | ___ |
| e) contribute to my knowledge and skills? | Yes | ___ | No | ___ |
| f) relate to my needs? | Yes | ___ | No | ___ |

Comments: _____

8. How could the printed and audio/visual materials be improved? _____

9. How could the course content or structure be improved? _____

10. How could the instructor improve the class delivery? _____

11. Based upon objective to be achieved, what is your overall opinion of the course?
Excellent ___ Good ___ Fair ___ Needs Improvement ___

Comments: _____

12. How would you rate the instructor?
Excellent ___ Good ___ Fair ___ Needs Improvement ___

Comments: _____

13. Total number of course hours taught by the Primary Instructor: _____

14. Your Name (optional): _____