

Virginia Department of Fire Programs

TRAINING COURSE EVALUATION

COURSE TITLE: _____ DATE: _____

SCHOOL NO.: ____ - ____ - _____ DIVISION: _____

Please evaluate our course in the following areas:

	Excellent	Good	Fair	Poor	Not Used
Instruction					
Videotapes					
Hands-On					
Slide Quality					
Handouts					
Room Comfort					

Comments: _____

Please evaluate the instructors on a scale of 1 to 5 (5= Excellent; 1= Poor)

Name	Rating	Name	Rating

Comments: _____

Was there a charge for this class? ___Yes ___No If "Yes", how much? _____

How did you hear about our course? _____

What is our weakest point? _____

What is our strongest point? _____

Other comments (use other side if necessary) _____

Thank You for Your Time and Contributions. They are important to us. Form compliments of VAVRS