

Class Evaluation

Course Title: 8 Hr SAFE Comprehensive Continuing Education #10800

Instructor Name: Tom Payne

Date

Check this box if the course was completed via Home Study / Skip to the Course Study section.

Was the instructor effective in these areas? (Circle as many that apply)

	<i>Effective</i>		<i>Ineffective</i>		
A. Knowledge and understanding of the subject matter	5	4	3	2	1
B. Ability to present ideas clearly	5	4	3	2	1
C. Ability to actively involve you	5	4	3	2	1
D. Use of relevant and practical ideas	5	4	3	2	1
E. Ability to respond to questions and concerns	5	4	3	2	1
F. Openness to others' ideas & opinions	5	4	3	2	1

Course Study:

A. What did you learn from this class that was the most valuable to you?

B. What was covered from this session that was of least value to you?

C. The course materials were: Very appropriate Adequate Inadequate

If not adequate, comments? _____

D. My expectations were: Exceeded Met Not met

If not met, comments? _____

E. Were there ideas presented in this portion of the course that you will use in the future?

Yes No Maybe

Comments: _____

F. What one thing could we have done differently to improve this portion of the course? _____

Please check the statement that best describes your feelings about this session.

Excellent Good Satisfactory Fair Poor

Please sign below if we may use your comments for promotional purposes.

Name: _____

Signature: _____ Date: _____

Please use space on back for additional comments