



Georgia Public Safety Training Center

Course Evaluation

Course Title: _____ Course # _____

Course Date(s): _____ Coordinator: _____

Your feedback is very important, so **please thoughtfully mark your response to each question.** In case we need clarification on any comment, please provide the following *optional* information.

Name: _____ Phone # (____) _____

Years of Public Safety Service: _____ Current Assignment: _____

The Course:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1. The content of this course was what I expected. <i>If not, explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The content of this course was relevant to my job assignment. <i>If not, explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. This training program will help me do my job tasks better. <i>If not, explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The training program was well organized. <i>If not, explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The examinations were consistent with the course content. <i>If not, explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I will apply what I have learned back on my job. <i>If not, explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Instructors:

Instructor Name: _____ Topic: _____

	Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
1. Clearly stated the objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Knowledgeable on topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Presentation understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Delivery well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Participation encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Training aids were helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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2. Knowledgeable on topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Presentation understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Delivery well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Participation encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Overall:

What were the strong points of this course for you as a student?

What, if anything, would you change about the course content or delivery to make it a more valuable learning experience for you?

Feel free to share any other comments below.

Thanks for your honest opinion and constructive feedback.
Your comments will be considered in planning future course offerings.