



WESTERN

WASHINGTON UNIVERSITY

Human Resources, Training and Development

Email to HR.Training@wwu.edu, FAX to 650-7692, or send to MS 5221

Class Evaluation

Class Title:

Name of Instructor:

Class Date:

		Yes	No
1.	Was it your decision to attend this class?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Did you feel free to ask questions and offer personal remarks during the session? If "no," explain.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Did the class leader demonstrate a thorough knowledge of the subject?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did the class leader state the goals and objectives of the session?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did the class leader utilize his/her time effectively during the class for lecture, discussion, and activities?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Did the class leader present the material in a clear and understandable manner? If "no," explain.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Was the content of the class clearly organized and well prepared? If "no," explain.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Were the class materials (text, handouts, etc.) appropriate for the subject matter and participants? If "no," explain.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Were the visual aids (films, videotapes, overhead transparencies, etc.) helpful in your understanding of the class material? If "no," explain.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Were the teaching methods (lecture, small group discussion, role play, etc.) appropriate for the participants? If "no," explain.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Generally, will this session be of immediate use in your job? Explain.	<input type="checkbox"/>	<input type="checkbox"/>
12.	How would you rate the class facilities? (Check one) Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>		
13.	Overall, how would you rate this class? (Check one) Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>		

14. What are the two most valuable concepts or ideas that you have gained from this class?

15. What other types of training class would you like to see offered?

16. Do you have any suggestions for improving this class?

17. Additional comments and suggestions:

Thank you!