

# Cuyahoga County Medical Reserve Corps Training Program Evaluation Form

Course title: \_\_\_\_\_ Date: \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

Instructor: \_\_\_\_\_

Instructor: \_\_\_\_\_

		Poor	Fair	Good	Very Good	Excellent	N/A
1.	General assessment of the the course:	<input type="radio"/>					
2.	Instructor(s):						
	A. Knowledge of subject:	<input type="radio"/>					
	B. Ability to teach or communicate:	<input type="radio"/>					
	C. Ability to answer questions:	<input type="radio"/>					
3.	Presentation Materials/Media:						
	A. Audio-Visual:	<input type="radio"/>					
	B. Hand-Outs:	<input type="radio"/>					
4.	Length of Presentation:	Too Long		Just Right		Too Short	
	A. Lecture:	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
	B. Group discussion:	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
	C. Time for questions:	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
	D. Entire program:	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	
		Too Complicated		Just Right		Too Simple	
5.	The subject matter was:	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				Yes	No	Partially	

7. Did the instructor tailor his/her presentation to meet the specific needs of your organization?                 

8. What material or topics were the most useful? Be specific.

9. What material or topics could have been omitted?

10. What information was missing that you would have liked presented?

11. My general comments and suggestions for improving this course are:

Name of Evaluator: (optional) \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you for your comments and suggestions.