



# U.S. Department of the Interior Bureau of Indian Education Training Evaluation

Date: \_\_\_\_\_

Course Name: \_\_\_\_\_

Facilitator Name: \_\_\_\_\_

Your Name (Optional): \_\_\_\_\_

We would like your feedback. Your feedback will help us improve our future courses.

Please mark one number per question.

Rate each of the following statements by checking the appropriate box:

**5= Excellent; 4 = Very Good; 3= Good; 2 = Adequate; 1= Needs Improvement**

Course	5	4	3	2	1	Comments
1. My overall rating of the course is						
2. The organization of the course was						
3. My understanding of the information presented was						
4. Course materials used were						
5. The time allocated for training was						
6. I would highly recommend this course to others						
7. The course content expanded my knowledge						
<b>Instructor</b>						
1. The instructor was well prepared						
2. The pace of the presentation was						
3. Increased my understanding of the material presented						
4. Answered my questions						
5. Clearly presented the information						

**Additional Comments:**

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