



GMSS Training Evaluation

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Section 1

Fill out the following two fields with information related to the class you attended.

Class ID & Title:	
Class Date:	

Section 2

For each category below, select a rating you feel appropriate to describe the class you attended.

	Poor	Below Average	Average	Above Average	Excellent
Overall Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation & Handouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Applicability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional comments.

Thank you for your feedback on the GMSS Training. Your input is valuable to NHTSA.