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|   |  | OMB NO 1225-0088 Exp. Date: 10/31/2020**OSHA Form 49**  |
| Course EvaluationCourse Title/Number Course Date |  |

## Rating

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Your feedback is important! Please respond to each statement below and provide additional course and/or instructor comments on the back of this form. Thank You*!** | **1****Strongly Disagree** | **2****Disagree** | **3****Neutral** | **4****Agree** | **5****Strongly Agree** | **N/A** |
| 1. Course goal/learning objectives were accomplished | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |  |
| 2. Training environment was conducive to learning | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |  |
| 3. Course topics were relevant to my job needs | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |  |
| 4. Practice exercises/workshops/fieldtrips were effective | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |  |
| 5. Instructional staff provided relevant feedback | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |  |
| 6. I would recommend this course to others | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Comments |  |

## Would you change anything about this course? If yes, please explain.

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## Feedback for Instructor(s) and/or Developer(s):