



**EEOC Training Institute  
Federal Course Evaluation Form  
Office of Federal Operations**

**COURSE DATE:** \_\_\_\_\_ MM/DD/YYYY

**COURSE TITLE:** \_\_\_\_\_

**COURSE LOCATION:** \_\_\_\_\_

Your feedback is important as we seek to meet your training needs. Please indicate the response which best expresses your assessment of these items.

1. Rate your knowledge of laws/topics covered in this course:

|                              | Excellent             | Above Average         | Average               | Below Average         |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Prior To The Course          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| After Completing This Course | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2. Rate your understanding of ways to manage these topics in the workplace:

|                              | Excellent             | Above Average         | Average               | Below Average         |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Prior To The Course          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| After Completing This Course | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How much do you agree or disagree with the following statements:

3. The stated objectives of the course were fulfilled.

| Strongly Agree        | Agree                 | Neutral               | Disagree              | Strongly Disagree     |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. The information provided in this course are relevant to my duties.

| Strongly Agree        | Agree                 | Neutral               | Disagree              | Strongly Disagree     |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. The materials provided in this course are relevant to my duties.

| Strongly Agree        | Agree                 | Neutral               | Disagree              | Strongly Disagree     |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. The exercises were effective.

| Strongly Agree        | Agree                 | Neutral               | Disagree              | Strongly Disagree     | Not Applicable        |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. The instructor(s) fostered interaction.

| Strongly Agree        | Agree                 | Neutral               | Disagree              | Strongly Disagree     |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. Sufficient time was provided for participant feedback.

Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

                      

9. How useful was each of the following:

The participant manual.

Very Useful    Useful    Somewhat Useful    Not At All Useful

                

Comments: \_\_\_\_\_

10. The case workbook materials.

Very Useful    Useful    Somewhat Useful    Not At All Useful      Not Applicable

                      

Comments: \_\_\_\_\_

11. The audiovisual presentation (technology, video, powerpoint).

Very Useful    Useful    Somewhat Useful    Not At All Useful

                

Comments: \_\_\_\_\_

12. The presentation overall.

Very Useful    Useful    Somewhat Useful    Not At All Useful

                

13. Please rate the instructors. You may also type in names that do not appear on the list.

| Instructor 1:  | Strongly Agree        | Agree                 | Neutral               | Disagree              | Strongly Disagree     |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Instructor was knowledgeable of the content presented. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Instructor was organized and well prepared.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Instructor clarified points of confusion.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Instructor actively engaged participants.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall, I was satisfied with the instructor.          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments: \_\_\_\_\_

**Instructor 2:**

|  | Strongly Agree        | Agree                 | Neutral               | Disagree              | Strongly Disagree     |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Instructor was knowledgeable of the content presented. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Instructor was organized and well-prepared.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Instructor clarified points of confusion.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Instructor actively engaged participants.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall, I was satisfied with the instructor.          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments: \_\_\_\_\_

**Instructor 3:**

|  | Strongly Agree        | Agree                 | Neutral               | Disagree              | Strongly Disagree     |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Instructor was knowledgeable of the content presented. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Instructor was organized and well-prepared.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Instructor clarified points of confusion.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Instructor actively engaged participants.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall, I was satisfied with the instructor.          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments: \_\_\_\_\_

14. Have you previously attended an EEOC Training Institute event in the last two years?

Yes

No

If Yes, then did your attendance result in improvement to your organization's HR/EEO written policies or procedures; your day to day employment practices?

Yes

No

If Yes, please describe.

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15. What specific EEO training would you like to see in the future?

Topic 1: \_\_\_\_\_

Topic 2: \_\_\_\_\_

Topic 3: \_\_\_\_\_

16. What training delivery method would you like to see in the future: webinar, online, in-person, blended learning, or another method?

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Contact Information (Optional):

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

Agency/Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**THANK YOU for your assessments and comments. We look forward to seeing you in another course!**