



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:

Prior To The Course	Excellent	Above Average	Average	Below Average
After Completing This Course	Excellent	Above Average	Average	Below Average

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

Prior To The Course	Excellent	Above Average	Average	Below Average
After Completing This Course	Excellent	Above Average	Average	Below Average

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

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

Strongly Agree Agree Neutral Disagree Strongly Disagree

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

Strongly Agree Agree Neutral Disagree Strongly Disagree

6. The exercises were effective.

Strongly Agree Agree Neutral Disagree Strongly Disagree

7. The instructor(s) fostered interaction.

Strongly Agree Agree Neutral Disagree Strongly Disagree

8. Sufficient time was provided for participant feedback.

Strongly Agree Agree Neutral Disagree Strongly Disagree

How useful was each of the following:

9. 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.

Strongly Agree Agree Neutral Disagree Strongly Disagree

Instructor was knowledgeable of the content presented.

Instructor was organized and well prepared.

Instructor clarified points of confusion.

Instructor actively engaged participants.

Overall, I was satisfied with the instructor.

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. _____

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? _____

Contact Information (Optional):

Name: _____

Agency/Company: _____

Phone Number: _____

Email: _____

OMB Control No. 3046-0048

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