EEOC Training Institute Course Evaluation

INSERT JOB CODE HERE

Course evaluation surveys are an effective way to improve the quality of our courses for you, our stakeholder. Please take a moment to share your thoughts.

COURSE INFORMATION

Tell us about your course.

1. Course Date:*

mm/dd/yy

2. COURSE TYPE:*

O Virtual

O In-Person

FEEDBACK:

Course Effectiveness

3. Respond to the following statements.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I will be able to apply what I learned in my organization and job. The learning	0	0	Ο	0	0
objectives were fulfilled.	0	0	0	0	0
The activities supported learning.	0	0	0	0	0

^{*}Required

4. Rate your knowledge of the laws and topics covered in this course.*

	Expert	Advanced	Proficient	Novice	None
Prior to the Course	0	Ο	0	0	0
After the Course	Ο	Ο	0	Ο	0

5. How satisfied were you with the class*

0	1	2	3	4	5	6	7	8	9	10
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Not at all satisfied Extremely satisfied

6. Rate the instructor when answering the following.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Knew the content presentation	0	0	0	0	0
Well organized and well prepared	0	0	0	0	0
Clarified points of confusion	0	0	0	0	0
Engaged learners	0	0	О	0	0