



COURSE EVALUATION

Division: RTI-30

Course Title:

Course Date:

Course # XXXXXXXXXXXX

Class # XXXXXXXXXXXX

SECTION 3.

Answer Selection: Correct = ● Incorrect = ✕ ✓ ⊖

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Name of Instructor:					
a. Was knowledgeable about the subject matter	☐	☐	☐	☐	☐
b. Was well prepared for each class	☐	☐	☐	☐	☐
c. Explained the subject matter clearly	☐	☐	☐	☐	☐
d. Encouraged student participation	☐	☐	☐	☐	☐
e. Answered student questions effectively	☐	☐	☐	☐	☐

Comments:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Name of Instructor:					
a. Was knowledgeable about the subject matter	☐	☐	☐	☐	☐
b. Was well prepared for each class	☐	☐	☐	☐	☐
c. Explained the subject matter clearly	☐	☐	☐	☐	☐
d. Encouraged student participation	☐	☐	☐	☐	☐
e. Answered student questions effectively	☐	☐	☐	☐	☐

Comments:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Name of Instructor:					
a. Was knowledgeable about the subject matter	☐	☐	☐	☐	☐
b. Was well prepared for each class	☐	☐	☐	☐	☐
c. Explained the subject matter clearly	☐	☐	☐	☐	☐
d. Encouraged student participation	☐	☐	☐	☐	☐
e. Answered student questions effectively	☐	☐	☐	☐	☐

Comments:

SECTION 2: Please provide a short answer to the following questions.

1. What was the most valuable part of the training course to you? Why?

2. What was the least valuable part of the training course to you? Why?

3. What would you recommend to improve your training or course of instruction?

4. Are there any other comments you would like to make concerning your experience with TSI?

**After you have completed this form,
please place it in the evaluation box (if available) or give it to your instructor.**

If you have any further comments or suggestions you would like to offer, please contact TSI.

We appreciate your comments to improve the learning process at the Transportation Safety Institute.