



U.S. Department of Transportation  
Office of the Secretary of Transportation

# COURSE EVALUATION



**DIVISION:**  
**RTI-20**

**COURSE TITLE:**

**COURSE DATE:**

**SCHEDULE OFFERING NUMBER:**

**COURSE NUMBER:**

## SECTION 1:

### PROGRAM CONTENTS AND METHODS

(CIRCLE YOUR ANSWER)

AGREE

NEUTRAL

DISAGREE

1. I had a clear understanding of the course objectives.



2. The instructors/guest speakers added value to the course.



3. I would like to attend another TSI course in the future.



4. The team activities/case studies contributed to the learning process.



5. I gained knowledge or skills from this course.



COMMENTS:

### PROGRAM ADMINISTRATION AND APPLICATION

AGREE

NEUTRAL

DISAGREE

6. I received helpful pre-course information.



7. Compared to other job-related training I have attended, TSI courses rate high.



8. I learned something new that will help with my job.



9. I would recommend this course to other colleagues.



10. Overall, this course was meaningful.



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 make the training more meaningful for you?

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

5. Please list any instructors you thought added extra value to the training, why?

6. Give us your thoughts on the length of this course.

After you have completed this form, please 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 and skill building process at the Transportation Safety Institute.**