

Coordinator's Course Evaluation Form

Name: _____ Course No _____ Course Date _____

Instructor: _____ Location _____

To determine the extent to which the IRWA course that you just completed met your expectations and our objectives, please take a few minutes to complete the following seven (7) questions. **Circle the number which best represents your perceptions regarding the items below.** Please feel free to make comments and recommendations.

Evaluation of Course (Please circle number, not word.)

1. Overall, how would you rate the success of the course?

High 5 4 3 2 1 Low

COMMENTS: _____

2. How would you rate the level of course materials for the audience?

Technical 5 4 3 2 1 Elementary

COMMENTS _____

3. The Quality of the course materials was:

High 5 4 3 2 1 Low

COMMENTS _____

Continue on reverse...

Evaluation of Instructor (Please circle number, not word.)

4. The instructor for this course was:

Organized	5	4	3	2	1	Disorganized
Clear	5	4	3	2	1	Unclear
Interesting	5	4	3	2	1	Uninteresting
Knowledgeable	5	4	3	2	1	Uninformed
Sensitive to Audience	5	4	3	2	1	Insensitive to Audience
Professional	5	4	3	2	1	Unprofessional

COMMENTS: _____

5. The balance of lectures and course activities was:

Excellent	5	4	3	2	1	Poor
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COMMENTS: _____

6. The participant's readiness for the exam was:

High	5	4	3	2	1	Low
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COMMENTS: _____

7. The probability that I would hire this instructor again is:

High	5	4	3	2	1	Low
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COMMENTS: _____

Thank You! Please return to IRWA Headquarters along with copies of participants' Roster and Course Evaluation Forms within 5 days of course.