



PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES



COURSE EVALUATION

Evaluation Date: _____

Course Name: _____ Location: _____

Course Instructor(s) : _____ Student (optional) : _____

Please rate the course using the following scale; Please circle your responses.

1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

Time Allocation for Course:	1	2	3	4	5
Instructor's Professional Appearance and Mannerisms:	1	2	3	4	5
Overall Course Quality & Content:	1	2	3	4	5
Instructor Attitude toward Students:	1	2	3	4	5
Explanation of Course Objective :	1	2	3	4	5
Facility, Training Aids, & Equipment:	1	2	3	4	5
Reference Materials & Hand-outs:	1	2	3	4	5
Quality of Practical Training:	1	2	3	4	5
Instructor Availability and Willingness to Assist Students:	1	2	3	4	5

Would you recommend this course to others? Yes No

How did you hear about this course ? Fire Co. Website Word of Mouth Other _____

Comments:
