CEDAR MOUNTAIN COMMUNITY COLLEGE
Customized Training Evaluation

Company | **Today's Date**

Your Name

COURSE INFORMATION

Please take a few moments to tell us about the training class. Mark one answer for each question.

1. The training related to my job.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

2. The course content was presented at the right level.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

3. The visual materials used helped me learn the subject.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

4. The instructor was enthusiastic.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

5. Course content was effectively presented by the instructor.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

6. The instructor encouraged my participation.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

7. I was given sufficient advance notice of my participation in this class.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

8. The course objectives were covered adequately.

☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

9. Please use the box below to tell us more about your CTE experience.

COURSE INSTRUCTOR