

INDIANA COUNTY PUBLIC SAFETY ACADEMY

COURSE EVALUATION

Course Name: _____ Evaluation Date: _____

Course Instructor(s): _____

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

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

Additional Comments:

Time Allocation for Course:	1	2	3	4	5	_____
Inst. Professional Appearance:	1	2	3	4	5	_____
Course Quality & Content:	1	2	3	4	5	_____
Attitude towards Students:	1	2	3	4	5	_____
Facility, Training Aids, & Equipment:	1	2	3	4	5	_____
Explanation of Course Objectives:	1	2	3	4	5	_____
Inst. Knowledge of Subject Matter:	1	2	3	4	5	_____
Organization of Presentation:	1	2	3	4	5	_____
Reference Material & Hand-outs:	1	2	3	4	5	_____
Evidence of Inst. Preparation:	1	2	3	4	5	_____
Quality of Practical Training:	1	2	3	4	5	_____
Inst. 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 Company Website Word of Mouth Other: _____

Comments: _____

Should you wish to speak personally about your experience, please print your name below. We value your comments and suggestions. Thank you for choosing the Indiana County Public Safety Academy.

Print Name: _____ Day Phone #: _____

Email Address: _____