

## STUDENT EVALUATION FORM

Date of class \_\_\_\_\_ Teacher's name \_\_\_\_\_

**Do not sign your name.**

Please circle your response to the items. Your feedback is sincerely appreciated.

### TYPE OF TRAINING

In Person

By Telephone

On Internet

### COURSE

- |  |     |    |            |
|--|-----|----|------------|
| • Goals were explained clearly           | Yes | No | No Opinion |
| • Course topics were relevant to my life | Yes | No | No Opinion |
| • Learning materials were helpful        | Yes | No | No Opinion |
| • Course content was easy to understand  | Yes | No | No Opinion |

### TEACHER

- |                             |     |    |            |
|-----------------------------|-----|----|------------|
| • Teacher was well prepared | Yes | No | No Opinion |
| • Teacher was helpful       | Yes | No | No Opinion |

### COURSE ENVIRONMENT

- |                                     |     |    |            |
|-------------------------------------|-----|----|------------|
| • Training facility was comfortable | Yes | No | No Opinion |
| • Facility location was convenient  | Yes | No | No Opinion |

### COURSE RESULTS

- |                                 |     |    |            |
|---------------------------------|-----|----|------------|
| • I learned something I can use | Yes | No | No Opinion |
| • I will use a budget at home   | Yes | No | No Opinion |

### OTHER COMMENTS