



Bill Blackwood
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CSLS Overall Program Evaluation

Program Name: _____ **Date:** _____

Please rate the following aspects of the instructor and the topic using the scale provided. (If your rating is neither 5 nor 4, please use the reverse side to let us know what made you less satisfied on the item(s)).

Contents	Excellent	Good	Satisfactory	Fair	Poor	
	5	4	3	2	1	Mean
Course Organization and Operation.						
Topics and Issues Covered.						
Relevance of the Content to your Needs .						
Usefulness of Printed Material.						
Opportunities for Participation.						
Lodging/Accommodations.						
Food Service.						
Training Facilities/Learning Environment.						

Did the seminar meet or exceed your expectations? _____ Yes count: _____ No count: _____

Would you recommend this course to others? _____ Yes count: _____ No count: _____

(Please see the reverse side to continue)

General Comments/Suggestions:

Suggested Topics for Next Training Cycle: