



Bill Blackwood
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CEC/NEC 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 | <i>Mean</i> |
| 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: