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**TCLC/TCLD 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.						
LEMIT Staff Support and Assistance.						
<b>Overall Course Evaluation.</b>						

Would you recommend this course to others? \_\_\_\_\_

Yes count:

No count:

What part of the course was most valuable to you? Why?

What part of the course was least valuable to you? Why?

How did you find out about this course?

General Comments/Suggestion.