



Overall Program Evaluation

Program Name: _____

Date: _____

Please rate the following aspects of this course 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)).

	Excellent	Good	Satisfactory	Fair	Poor
	5	4	3	2	1
Contents					
Quality of Instruction					
Clear Communication of Ideas and Knowledge					
Course Format (Sequence/Structure of Lecture)					
Relevance of the Course Content to your Needs					
Usefulness of Course Materials					
Opportunities for Participation/Class Discussion					
Course Organization					
Booking/Registration for the Course					
Lodging/Accommodations:					
University Hotel					
Other Hotel					
Meal(s) :					
CJ Concourse					
Catered					
Restaurant					
Training Facilities (classroom, break rooms, restrooms, etc.)					
Learning Environment (class lighting, temperature, space, etc.)					
Onsite staff support/assistance					
InCoSit Trainee Only					
Use of GIS					
Use of technology					
Lecture to exercise ratio					

Please answer the following questions as detailed as you can.

Would you recommend this program to fellow officers? ____ Yes ____ No

Did the program meet your expectations? ____ Yes ____ No (Please specify)

(Please see the reverse side to continue)

Which part of this program was THE MOST valuable to you?

Which part(s) of this program was (were) least (or not) valuable to you?

Do you have any other comments or suggestions?

For quality assurance purposes, you may be contacted about this evaluation. Please provide your name and your current e-mail address (optional).

Name: _____ E-mail: _____

Thank you. We do value your opinion.