



**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
Quality of Instructor.						
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	Excellent	Good	Satisfactory	Fair	Poor	
	5	4	3	2	1	Mean
Booking/Registration for the Course.						
<b>Lodging/Accommodations:</b>						
University Hotel						
Other Hotel						
<b>Meal(s):</b>						
CJ Concourse						
Catered						
Restaurant						
Training Facilities (Classroom, Breakroom, Restrooms, Etc.)						
Learning Environment (Class Lighting, Temperature, Space, Etc.)						
Onsite Staff Support/Assistance						
<b>InCoSit Trainee Only:</b>						
Use of GIS						
Use of Technology						
Lecture to Exercise Ratio						

Would you recommend this course to fellow officers? \_\_\_\_\_ Yes count: \_\_\_\_\_ No count: \_\_\_\_\_

Did the program meet your expectations? \_\_\_\_\_ Yes count: \_\_\_\_\_ No count: \_\_\_\_\_

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 email address (optional).**

**Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

*Thank you. We do value your opinion.*