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LCC - Program Overview - Overall Program Evaluation

Program Name: _____

Date: _____

What part of the LCC Overview course did you like the best? Why?

In what way did you find the information presented in the LCC Overview to be personally useful?

Was there anything in the LCC Overview that you found to be problematic?

(Please see the reverse side to continue)

What is your opinion of Dr. Garner's delivery of the LCC Overview module? Was there anything that you found particularly helpful or most appreciated?

Did you have any other thoughts / considerations / suggestions regarding the LCC Overview?

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

Name: _____

Thank you. We do value your opinion.