

## **Course Evaluation**

Please help us improve our training programs by responding to this survey.

| Course      | Course Name: |       | Course Number: |
|-------------|--------------|-------|----------------|
| Information | Date:        | Time: | Instructor:    |

## **SECTION 1:**

Indicate how strongly you agree or disagree with each of the following statements by circling a number next to each statement below.

|   | Strong<br>Disagree |   | Agree | Strongly<br>ee Agree |   |
|---|--------------------|---|-------|----------------------|---|
| The instructor was knowledgeable about the subject  |                    | 2 | 3     | 4                    | 5 |
| The instructor kept the participant actively engaged.   |                    | 2 | 3     | 4                    | 5 |
| The physical environment was conducive to learning.   |                    | 2 | 3     | 4                    | 5 |
| The content of the course was appropriate to meet my needs.   |                    | 2 | 3     | 4                    | 5 |
| The examples included helped me understand the content.   |                    | 2 | 3     | 4                    | 5 |
| I gained new knowledge and skills from this course.   |                    | 2 | 3     | 4                    | 5 |
| I will be able to apply the knowledge and skills I learned in this course to my job.                        |                    | 2 | 3     | 4                    | 5 |
| The participant materials I received will be useful on the job.   |                    | 2 | 3     | 4                    | 5 |
| My supervisor and I set expectations before I attended.   | 1                  | 2 | 3     | 4                    | 5 |
| After this coures, my supervisor and I will discuss how I will use the learning in my job.                  |                    | 2 | 3     | 4                    | 5 |
| My work environment will provide adequate support to apply this training.                                   |                    | 2 | 3     | 4                    | 5 |
| I learned new information for my own personal growth.<br>(i.e. wellness, financial, lifetime learning, etc) |                    | 2 | 3     | 4                    | 5 |



This training will have a positive impact on:

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**SECTION 2:** Indicate which areas this training will positively impact by checking all that apply.

| quality of work   |  |  |  |
|---|--|--|--|
| productivity  |  |  |  |
| professional development  |  |  |  |
| teamwork  |  |  |  |
| employee satisfaction   |  |  |  |
| customer satisfaction   |  |  |  |
| personal development  |  |  |  |
| other:  |  |  |  |
|   |  |  |  |
| SECTION 3: Please respond to the questions below.   |  |  |  |
| you <u>disagree</u> with any of the statements from page 1, please comment so that we can approve future trainings. |  |  |  |
| iprove rurure rrumings.   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| ease list other training classes or courses you would like to see provided at UTSA.                                 |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| dditional comments  |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |