

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 Disagree		Agree Strongly Agree	
The instructor was knowledgeable about the subject	1	2	3	4	5
The instructor kept the participant actively engaged.	1	2	3	4	5
The physical environment was conducive to learning.	1	2	3	4	5
The content of the course was appropriate to meet my needs.	1	2	3	4	5
The examples included helped me understand the content.	1	2	3	4	5
I gained new knowledge and skills from this course.	1	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.	1	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.	1	2	3	4	5
My work environment will provide adequate support to apply this training.	1	2	3	4	5
I learned new information for my own personal growth. (i.e. wellness, financial, lifetime learning, etc)	1	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. If you <u>disagree</u> with any of the statements from page 1, please comment so that we can improve future trainings.		
Pleas	e list other training classes or courses you would like to see provided at UTSA.	
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Addi	tional comments	