**Sample Course Evaluation**

Date and Location:

**Instructions:** Circle the rating to indicate the degree to which you agree with each statement.

Rating scale: 0 = strongly **disagree** 10 = strongly **agree**

Please provide comments to explain your ratings.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Rating** | | | | | | | | | | | |  |  |
| strongly disagree | | | | | | strongly agree | | | | | |  |  |
| 0 | 1 | 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 |  | 1.) I took responsibility for being involved in this program. |

Comments:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  | 2.) This program held my interest. |

Comments:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Facilitator Name: | | | | | | | | | | | | 3.) The presentation style of the facilitator contributed to my learning experience. |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |
| Facilitator Name: | | | | | | | | | | |  |
|  |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  |  |

Comments:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  | 4.) The information in this program is applicable to my work. |

Comments:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |  | 5.) I would recommend this program to others. |

Comments:

Sample Course Evaluation

Date and Location:

**Instructions:** Circle the appropriate rating **before** the training and **now** (after the training).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |
| None or very low level |  |  |  | Very high level |

Please provide comments to explain your ratings.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Before the program** | | | | | | **After the program** | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6.) Insert behavioral objective #1 | | 1 | 2 | 3 | 4 | 5 |

Comments:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 7.) Insert behavioral objective #2 | 1 | 2 | 3 | 4 | 5 |

Comments:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 8.) Insert behavioral objective #3 | 1 | 2 | 3 | 4 | 5 |

Comments:

9.) How can this program be improved?

10.) Please share any additional comments you may have. If you authorize us to use your comments in Kirkpatrick marketing materials, please print your name and company name.