

Class Evaluation Form

P2 Energy Solutions

Class Title _____ **Date** _____
Instructor _____ **Location** _____
Your Name _____
Company Name _____

Please evaluate the quality of your class experience.
 Place a check in the appropriate box across from each evaluation question.
 1 = Excellent, 2 = Very Good, 3 = Average, 4 = Fair, 5 = Poor

	1 ☺	2	3	4	5 ☹
1. Were the stated learning objectives met?					
2. If applicable, were prerequisites appropriate?					
3. Were the class materials or advance preparation materials satisfactory?					
3. Were class materials accurate?					
4. Were the class materials relevant and did they contribute to the achievement of the learning objectives?					
5. Were the hands-on computer exercises helpful?					
6. If applicable, were the audio and video materials effective?					
7. Were the class facilities and /or technological equipment appropriate?					
6. Was the instructor knowledgeable of class content?					
7. Was the instructor able to present the material clearly?					
8. Was the instructor willing and able to answer questions?					
9. Was the class presentation pace and time allotted to the learning activities appropriate?					
10. Please assign an overall rating for this class.					

Would you or your co-workers like additional training on this subject?
 Yes ____ No ____

General Comments and Suggestions for Improvement:
