

**Kentucky Division of Emergency Management
Training and Exercise Branch**



Course Evaluation

Instructor Name: _____ Agency: _____

Course: _____ Location: _____ Date: ___ / ___ / ___

Please circle the appropriate numbers and return evaluation to the instructor.

	Low		Avg.		High
1. Were the facilities adequate for this class?	1	2	3	4	5
2. Was the course material adequate for this class?	1	2	3	4	5
3. Was there enough time for the presentation for this class?	1	2	3	4	5
4. Was the instructor knowledgeable of the material?	1	2	3	4	5
5. Did the instructor present the material in an effective and professional manner?	1	2	3	4	5
6. Would you recommend this course to others?	1	2	3	4	5
7. Were the course objectives presented clearly?	1	2	3	4	5
8. What would you do to improve the course?	_____ _____				
9. What did you like/dislike about this course?	_____ _____				
10. Additional Comment?	_____ _____				

Thank you for participating in the Kentucky Division of Emergency Management Training!