

Chapter Executive EVALUATION FORM



SMACNA Chapter: _____

Name: _____

Date of Course: _____

Spark Your Top Performers

YOUR COMMENTS ON THIS COURSE WILL CONTRIBUTE TO IMPROVING THE COURSE.

1. On a scale of 1-4 (with four being the highest), please circle the following:

| | (lowest) | | | (highest) |
|--|----------|---|---|-----------|
| A. Usefulness of the course materials during the session: | 1 | 2 | 3 | 4 |
| B. Instructor's knowledge of the subject matter: | 1 | 2 | 3 | 4 |
| C. Instructor's ability to communicate the subject matter: | 1 | 2 | 3 | 4 |
| D. To what extent did the course meet your expectations? | 1 | 2 | 3 | 4 |
| E. Overall, how would you evaluate this program? | 1 | 2 | 3 | 4 |

2. Please list the number of participants that attended the course: _____ Members
_____ Non-Members

Questions:

3. Did you conduct this program with other building associations or chapters? ___ Yes ___ No
If yes, please list the names of the other co-sponsoring organizations.

4. List below other business management related topics for localized training programs that you would like to see SMACNA offer.

5. Additional comments:

Feel free to list any additional comments you may have on this course or the materials that were provided to you by SMACNA.

Please use the back of this form for any additional comments. Thank you for your input.