Chapter Executive EVALUATION FORM

SMACNA Chapter:

Name:

Date of Course:

Research, Relaunch and Recover

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			
Q	uestions:	-		_		

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.