

# Chapter Executive EVALUATION FORM



SMACNA Chapter: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Course: \_\_\_\_\_

## Safety and Health Overview

**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.

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

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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.*

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