

# EVALUATION FORM



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

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

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

## 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

### Questions:

2. What was the *most useful* section(s) you found in the course?

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3. What was the *least useful* section(s) of the course (if any)?

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4. List additional information you would like covered in this course and/or topics of interest for future Supervisory Training Programs.

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5. Please provide a statement of today's experience for marketing purposes.

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