

Student Evaluation Form

ILA Course ID: PEAKRC_009 Restoration 2019

CLASS DATE: _____

Please rate each question using the following scale, then add optional comment.

1=Needs Improvement, 3=Adequate, 5=Excellent

1. Objectives (Clear, appropriate)?

O1 O2 O3 O4 O5 ON/A

Comments:

2. Content (organized, relevant)?

O1 O2 O3 O4 O5 ON/A

Comments:

3. Visual Aids (helpful, well designed)?

O1 O2 O3 O4 O5 ON/A

Comments:

4. Handouts (helpful, well designed)?

O1 O2 O3 O4 O5 ON/A

Comments:

5. Application (useful on the job)?

O1 O2 O3 O4 O5 ON/A

Comments:

6. Overall Rating (satisfying, recommendable)?

O1 O2 O3 O4 O5 ON/A

Comments:

7. Other comments (e.g., training weaknesses/strengths, suitability of course length, adequacy of facility):

O1 O2 O3 O4 O5 ON/A

Comments: