

West Central IL Criminal
Justice Council
(MTU 9)

Training Course Evaluation Form

Course Title:
Course Date:
Course Location:
Course Instructor:

Training Course Evaluation Form

Officer Name (optional):		Agency Name:			
Instructor:	Excellent	Very Good	Good	Fair	Poor
1. Knowledge of subject matter					
2. Listening skills					
3. Presentation skills/delivery					
4. Overall instructor rating					
5. Topics covered in too much detail					
Course Content:	Excellent	Very Good	Good	Fair	Poor
1. Did course achieved its objectives					
2. Exercises					
3. Use of class time					
Facility Rating:					
Materials:	Excellent	Very Good	Good	Fair	Poor
1. Overall quality of course materials					
2. Potential value as future reference material					
3. Value of presentation materials					
4. Flow / structure of information					

ADDITIONAL COMMENTS:
