



# Course Evaluation

Full name:

---

Primary work building address (if applicable):

---

Please select your profession:

- |  |   |
|--|---|
| <input type="radio"/> Contractor / Subcontractor | <input type="radio"/> Project Manager / Site Supervisor     |
| <input type="radio"/> Foreperson                 | <input type="radio"/> Tradesperson                          |
| <input type="radio"/> Facilities Manager         | <input type="radio"/> Operations & Maintenance Professional |
| <input type="radio"/> Student                    | <input type="radio"/> Other (please specify below)          |

If other, please specify

---

The level of material in the course text was:

- Too difficult
- Appropriate
- Too easy

The amount of information provided in the course presentation was:

- Too much
- Just right
- Too little

I will use at least one technique that I learned from the course in my everyday work.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

The information I acquired in this course will help me perform my job better.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I would recommend this course to a co-worker or friend.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please rate the instructor's overall teaching ability.

- Excellent
- Above average
- Average
- Below average
- Very poor

OTHER COMMENTS:

---

---