



NCDOT Course Evaluation Form

Name of Course: _____ Date: _____

Instructor: _____ Student Name (optional) _____

Instructions: Please complete the following evaluation form for this course. The information provided will be considered for future training and very helpful in determining how to provide the best training possible. Additional comments or suggestions are welcomed.

Please answer *Yes* or *No*, or circle the appropriate rating beside each statement below:

5=Excellent 4=Very Good 3=As Expected 2=Needs Improvement 1=Very Poor

Part I			Comments
Student	1. I attended all Lectures and Labs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2. I completed all Lab Exercises	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. The course met my expectations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	4. The course was the correct length	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	5. My overall rating for the course is	5 4 3 2 1	
Facility	6. This is a NCDOT training facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7. Rate the projection system and visual aids	5 4 3 2 1	
	8. Rate the computer performance	5 4 3 2 1	
	9. Rate the classroom facilities	5 4 3 2 1	
Material	10. Topics covered were relevant to my job	5 4 3 2 1	
	11. Content was at the correct level for me	5 4 3 2 1	
	12. Course was organized and easy to follow	5 4 3 2 1	
	13. Topics that were most useful to me		
	14. Topics that were least useful to me		
Instructor	15. Knew the course subject matter	5 4 3 2 1	
	16. Presented concepts clearly	5 4 3 2 1	
	17. Was well prepared	5 4 3 2 1	
	18. Addressed questions effectively	5 4 3 2 1	
	19. Balanced lecture and labs	5 4 3 2 1	
	20. Encouraged student participation	5 4 3 2 1	
	21. Rate the instructor overall	5 4 3 2 1	

Part II: Additional Comments:
