



SEMINAR EVALUATION

Date: _____ Location: _____

Course Title: _____ Instructor: _____

Name (Optional): _____ Phone No: _____

Company Title: _____

CIRCLE THE NUMBERS AT THE RIGHT THAT DENOTE YOUR EVALUATION OF THE PROGRAM

EVALUATION CRITERIA	EXCELLENT		GOOD		POOR
1. OBJECTIVES					
Clearly stated	5	4	3	2	1
Related well to my work area	5	4	3	2	1
2. CONTENT					
Organization	5	4	3	2	1
Adequacy-meets objective	5	4	3	2	1
Length of course/activity	5	4	3	2	1
Level of detail	5	4	3	2	1
3. INSTRUCTOR					
Stayed focused stated objectives	5	4	3	2	1
Was well prepared to present material	5	4	3	2	1
Understood audience and held my attention	5	4	3	2	1
Gave straight forward answers	5	4	3	2	1
Presented in a dynamic, professional style	5	4	3	2	1
Instructor's knowledge of subject	5	4	3	2	1
4. QUALITY OF COURSE MATERIALS					
Handouts	5	4	3	2	1
Workbooks	5	4	3	2	1
Exercises	5	4	3	2	1
Audio/Visual Aids	5	4	3	2	1
Equipment	5	4	3	2	1
5. FACILITIES					
Classroom/Training Area	5	4	3	2	1
Lodging (if applicable)	5	4	3	2	1
6. OVERALL EVALUATION	5	4	3	2	1

If any criteria is rated "Poor" (or 1), please provide explanation: _____

Recommendations/comments on how to improve seminar: _____

Other subjects of interest: _____
