

Please return completed evaluations to safety@amhsa.net

Course Evaluation

Please take a few minutes to evaluate the course and presentation. Thank you. **PLEASE USE PEN**

Course Name: _____

Course Date: _____ AM/PM

Instructor: _____

Please rate the following:

	Agree	Moderate	Disagree
Instructor was knowledgeable about the topic.			
Instructor was on time.			
Instructor was an effective presenter.			
Instructor was well prepared and organized.			
Audiovisuals were effective.			
Handouts were helpful.			
Session held my interest.			

Do you believe today that you acquired skills/knowledge that can be applied to your job?

Yes

No

What I liked most: _____

What I liked least: _____

The most important thing I learned: _____

Comments: _____
