INFORMATION TECHNOLOGY TRAINING CENTER WORKSHOP EVALUATION

| | COURSE: | | | | | | |
|----|---|------------------|-----------|---------|------|-------|-----|
| | INSTRUCTOR(S): | DATE:_ | | | | | |
| | Directions: Please evaluate the following items by clicking the appropriate rating. Feel free make any additional comments you wish in the spaces provided at the bottom of the page. | | | | | | |
| | ABOUT THE PRESENTER | EXCELLENT | VERY GOOD | AVERAGE | FAIR | POOR | N/A |
| 1. | Knowledge of material | | | | | | |
| 2. | Speaking ability | | | | | | |
| 3. | Clear identification of course objectives | | | | | | |
| 4. | Presentation organized and easy to follow | | | | | | |
| 5. | Effective use of training materials | | | | | | |
| 6. | Encouraged questions and class participation | | | | | | |
| | ABOUT THE WORKSHOP CON | TENT | | | | | |
| 1. | Increased your knowledge and understanding of the subject | | | | | | |
| 2. | Course materials legible and visually appealing | | | | | | |
| 3. | Accomplished stated objectives | | | | | | |
| | Overall Course Rating | | | | | | |
| | Would you recommend this works | hop to another e | employee? | YES | NO | DON'T | |
| | Other observations and comment | s: | | | | | |
| | Other workshops ITTC should off | | | | | | |
| | Your name: (optional): | | | | | | |
| | How did you learn about this worl | | | | | | |
| | | g. 0 | | | | | |