



WISCONSIN EMERGENCY MANAGEMENT

Course Evaluation Form

Course Date(s): _____ **Location:** _____

Course Title & Number: _____

Course Instructor(s): _____

Please take a few moments to answer the following questions, which will be used to assist us in meeting your needs.

Course Offering

Please circle the appropriate box:

	Below Expectation		Average		Exceeded Expectation
1) Course content met your needs:	1	2	3	4	5
2) Matched description in course guide:	1	2	3	4	5
3) Pace of the class:	1	2	3	4	5
4) Textbook/materials/handouts:	1	2	3	4	5
5) Time allotted for course and activities was appropriate:	1	2	3	4	5

Comments for these ratings: _____

The Instructor

Please circle the appropriate box:

	Poor		Average		Excellent
1) Knowledge of the subject matter:	1	2	3	4	5
2) Preparation for each class:	1	2	3	4	5
3) Communicated material effectively:	1	2	3	4	5
4) Responded well to questions:	1	2	3	4	5
5) The instructor was effective:	1	2	3	4	5

Comments: _____

Additional Questions

What did you find was the most valuable part of this course? _____

Do you have any suggestions on how we could improve this program? _____

Other comments? _____

This form must be returned to the WEM training section upon course completion. On behalf of Wisconsin Emergency Management we appreciate your participation and input.