STATE OF WISCONSIN

DEPARTMENT OF MILITARY AFFAIRS

DIVISION OF EMERGENCY MANAGEMENT

Brian M. Satula
Administrator

Scott Walker
Governor

Course Evaluation Form

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

Course Title & Number: _____

Course Instructor(s): _____

Course Content *Please circle the appropriate number:*

	Strongly Disagree		Neutral		Strongly Agree
1) Course content met your needs	1	2	3	4	5
2) Content matched the description in course guide	1	2	3	4	5
3) Pace of the instruction appropriate	1	2	3	4	5
4) Textbook/materials/handouts were effective	1	2	3	4	5
5) Time allotted for the course was appropriate	1	2	3	4	5

Comments: _____

_____

The Instructor *Please circle the appropriate number:*

	Strongly Disagree		Neutral		Strongly Agree
1) Demonstrated thorough knowledge of the subject matter	1	2	3	4	5
2) Was prepared and well-organized	1	2	3	4	5
3) Communicated ideas and concepts clearly	1	2	3	4	5
4) Responded well to questions	1	2	3	4	5
5) Presented the material in an interesting manner	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.