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|  | **Student Class Evaluation**  This form should be completed by each student at the end of training. | | | | **This form required by contract per Special Terms and Conditions – Record Maintenance.** | | |
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| COURSE  Core Basic Training  Orientation / Safety  Continuing Education**\***  ND Core  ND Diabetes  Mental Health  Dementia  Adult Education  Substance Use Disorder  Diabetes Specialty  Traumatic Brain Injury | | DATE(S) OF CLASS | | | START AND END TIME OF CLASS  FROM:  TO: | | |
| INSTRUCTOR NAME(S) | | | | | |
| PHYSICAL ADDRESS OF CLASS | | | | | |
|  | | | | | | | |
| Please indicate your level of agreement with the statements below:  **1 = Strongly Agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly Disagree** | | | | | | | |
| STATEMENT | | | 1 | 2 | 3 | 4 | 5 |
| The objectives of the training were clearly defined. | | |  |  |  |  |  |
| The content was organized and easy to follow. | | |  |  |  |  |  |
| The trainer was knowledgeable about the training topics. | | |  |  |  |  |  |
| The trainer was well prepared. | | |  |  |  |  |  |
| Participation and interaction were encouraged. | | |  |  |  |  |  |
| The training objectives were met. | | |  |  |  |  |  |
| The materials distributed were helpful. | | |  |  |  |  |  |
| The meeting room and facilities were adequate and comfortable. | | |  |  |  |  |  |
| **\*** CONTINUING EDUCATION TOPIC(S) | | | | | | | |
| COMMENTS | | | | | | | |

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| **Instructions**  **Student: Please complete this form** as it is a course requirement for you instructor. We greatly appreciate your assistance. Thank you.  **Instructor:** This form, or one that collects the same information, is required per your contract in the Special Terms and Conditions section on Records Maintenance. It should be completed by **each student** for **each class** at the end of the course. The evaluations are used to complete the Student Evaluation Summary Report, and both forms are maintained by your business per contract Terms and Conditions.  **Course:**  The course taken by the student which they are evaluating.  **Date(s) of Class:**  Provide the date(s) of the class.  **Start and End Time of Class:**  The time the class was scheduled to start and end.  **Instructor Name(s):**  The name of the person, or persons, who taught the class. List all instructors who taught the class.  **Physical Address of Class:**  The location that the class was taught. **Must provide the physical address (including city) on this form.**  **Evaluation Grid:**  Check the box in the column indicating how much you agree with the statements provided. For example, with the first statement, if you strongly disagree that the training objectives for the class were met, check the box in Column 5.  In the space below the grid, please provide additional suggestions for training topics and/or comments. |