

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.

COURSE <input type="checkbox"/> Core Basic Training <input type="checkbox"/> Orientation / Safety <input type="checkbox"/> Continuing Education* <input type="checkbox"/> ND Core <input type="checkbox"/> ND Diabetes <input type="checkbox"/> Mental Health <input type="checkbox"/> Dementia <input type="checkbox"/> Adult Education <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> Diabetes Specialty <input type="checkbox"/> Traumatic Brain Injury	DATE(S) OF CLASS INSTRUCTOR NAME(S) PHYSICAL ADDRESS OF CLASS	START AND END TIME OF CLASS FROM: TO:
--	--	--

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content was organized and easy to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer was knowledgeable about the training topics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer was well prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation and interaction were encouraged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training objectives were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The materials distributed were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The meeting room and facilities were adequate and comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* CONTINUING EDUCATION TOPIC(S)

COMMENTS

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.