Department of Energy
Enterprise Training Services

Employee Name:

Course Start Date (e.g., 10/01/2006): Course End Date:

Course Number: Session Number:

Title:

Note: Please complete the below evaluation and return it to the Training Registration Center and send a copy to your supervisor for review. Your ratings and comments will be used to determine the effectiveness of courses and instructors and may impact future selection of vendors and instructors.

Evaluation Elements:	**Your rating:**
1. Learning objectives were clear.	
2. Learning objectives matched my expectations.	
3. Material presented in the program was relevant to the course's objectives.	
4. Course was appropriately challenging.	
5. A mix of instructional media and methods was used effectively to present course information.	
6. Course contained relevant and appropriate exercises and examples.	
7. Information presented was up-to-date.	
8. Length of course was appropriate.	
9. Instruction was positive and interesting.	
10. Students were encouraged to share information, experiences, and insights.	
11. Training has practical application to my job.	
12. The test was a good measure of the training.	
Your over-all rating for this course.	

Comments: We encourage you to use the space below to make any specific comments. Please provide an explanation of any rating less than "Agree" or "Good". The information you provide will help us improve this course.

Enter the cursor in this box and type in your comments.