



**LUZERNE COUNTY COMMUNITY COLLEGE
PUBLIC SAFETY TRAINING INSTITUTE**

Course Evaluation

Course Number: _____ **Evaluation Date:** _____

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

Name of Instructor(s) _____

COURSE OR PROGRAM CONTENT:

Amount of Material () Adequate () Too Much () Too Little
 Level of Course () Appropriate () Too Basic () Too Advanced

Instructor:	Below Average	Average	Very Good	Excellent
Knowledge of subject	_____	_____	_____	_____
Evidence of Preparation	_____	_____	_____	_____
Utilization of class time	_____	_____	_____	_____
Ability to engage and involve participants in the training	_____	_____	_____	_____
Willingness to be helpful	_____	_____	_____	_____

Self Evaluation	Strongly Disagree	Disagree	Agree	Strongly Agree
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I feel that I have learned what I should have from this course	_____	_____	_____	_____
This course is relevant for me to perform my job	_____	_____	_____	_____
I would recommend this course to someone else	_____	_____	_____	_____

What could be done to make your learning experience better?

Facility				
I feel this was a good learning environment	_____	_____	_____	_____

What could be done to make the learning environment better? _____

Should you want to speak personally about your experience, please contact the Public Safety Training Institute at 1-800-377-5222 ext 481 or 521. Thank you. We value your comments and suggestions.