

Course Evaluation Form

Course Code:	
Course Name:	
Date of Training:	
Location of Training:	
Badge Number (optional):	
Instructor Name:	

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How satisfied are you with:

The course content as it applies to your job?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
How well the course objectives were met?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
The overall usefulness of the training?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
The instructor's ability?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
The classroom facility/environment?	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied

Comments:

