



THE NEVADA STATE FIRE MARSHAL DIVISION

Course/Class Evaluation

The purpose of this form is to provide you with an opportunity to give feedback on the course you have just attended. This evaluation is important because it gives information to improve this course.

Please complete this form, adding any comments you wish, and then return at the end of class.

Please enter the:

Instructor(s) name(s) _____ Date _____

Class Title _____ Location _____

SCORING KEY:

Please Circle

N-Not Applicable 1-Unacceptable 2-Weak 3-Average 4-Strong 5-Outstanding

Quality of Instruction

- N 1 2 3 4 5 The instructor added value to the course/class
- N 1 2 3 4 5 The instructor was able to answer my questions
- N 1 2 3 4 5 The instructor was knowledgeable about this subject
- N 1 2 3 4 5 The instructor kept my interest and made effective use of available time
- N 1 2 3 4 5 Instructor used case histories, examples and "War Stories" effectively

Relevance of Material

- N 1 2 3 4 5 The instructor explained concepts well
- N 1 2 3 4 5 The learning objectives were stated and covered in course/class curriculum
- N 1 2 3 4 5 This course/class effectively increased my knowledge of the subject

Organization of Course

- N 1 2 3 4 5 The course/class materials were presented in a logical sequence
- N 1 2 3 4 5 The course/class prerequisite information I received was accurate
- N 1 2 3 4 5 Preparation prior to course/class was obvious

OVER PLEASE →

Participation/Discussion

N 1 2 3 4 5 The instruction managed the course/class discussions effectively

N 1 2 3 4 5 The instructor provided guidance during hands-on sessions

N 1 2 3 4 5 The instructor provided opportunity to be involved in the process

N 1 2 3 4 5 There was adequate time for discussion

Interest of Material

N 1 2 3 4 5 This course/class effectively increased my ability to perform effectively and safely during related incidents

N 1 2 3 4 5 I will be able to use what I learned in this course/class while on the job

Facility Conditions

N 1 2 3 4 5 The workspace was adequate

N 1 2 3 4 5 The audio-visual equipment was adequate

Overall Evaluation

N 1 2 3 4 5 The course/class content was very worthwhile for me
Comments: _____

N 1 2 3 4 5 I would recommend this course/class to others
Comments: _____

N 1 2 3 4 5 The course/class location was fine for me

What topics/activities did you find MOST beneficial?
Comments: _____

What topics/activities did you find LEAST beneficial?
Comments: _____

What other courses would you like to see State Fire Training offer?
Comments: _____

Would you like to be able to receive community college credit for this training? YES NO

What was your principle reason(s) for taking this course/class? For example: new responsibilities, recommended, required for position, personal interest, OSHA mandate, assigned by supervisor

How did you hear about this course/class? _____

Please add any additional comments you may have:

