



Supervision Series Program Evaluation

Date: _____

Your Name: _____

Your Title: _____

Length of Service: _____

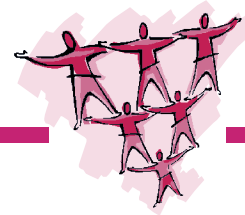
Course Title: _____

Name of Facilitator: _____

Please circle the number that best reflects your feelings about the course.

	<u>Extremely</u>		<u>Moderately</u>		<u>Not at All</u>		
1. How relevant is the workshop to your job needs?	7	6	5	4	3	2	1
2. How clear and understandable was the course content?	7	6	5	4	3	2	1
3. How realistic was this program in comparison with other similar courses in which you have participated?	7	6	5	4	3	2	1
4. How realistic were the workshop exercises?	7	6	5	4	3	2	1
	<u>Excellent</u>		<u>Average</u>		<u>Poor</u>		
5. How would you rate the quality of the video component?	7	6	5	4	3	2	1
6. What was your overall impression of the workshop?	7	6	5	4	3	2	1
	<u>Much Better</u>		<u>About the Same</u>		<u>Worse</u>		
7. How does the workshop compare with other similar courses you have taken?	7	6	5	4	3	2	1
8. Would you recommend this course for further use in your company?	Yes		No				

Continued



Please circle the number that best reflects your feelings about the facilitator.

The program facilitator:

	<u>Strongly Agree</u>				<u>Strongly Disagree</u>			
1. Seemed genuinely interested in whether or not I learned the concepts.	7	6	5	4	3	2	1	
2. Set the proper pace for the course.	7	6	5	4	3	2	1	
3. Was well-organized and prepared.	7	6	5	4	3	2	1	
4. Provided excellent leadership throughout the course.	7	6	5	4	3	2	1	
5. Conducted the course in a relaxed and informal atmosphere.	7	6	5	4	3	2	1	
6. Made sure the participants were actively involved in the learning.	7	6	5	4	3	2	1	

Please use the following space to comment further on the workshop. Indicate what you think are the particular strengths of the course and any suggestions you may have on how the course can be improved. Thank you for your feedback.

