

# Integrated Pest Management in Section 8 Multifamily Housing Course Evaluation

Name (optional) \_\_\_\_\_ Training Dates: \_\_\_\_\_ Location: \_\_\_\_\_

*Please help us improve!*

*Your input is important to us. It helps us improve the quality and effectiveness of the course. Please take a few minutes to complete this evaluation form.*

- |  |           |      |        |      |
|--|-----------|------|--------|------|
| 1. My <b>overall</b> evaluation of the course is:      | EXCELLENT | GOOD | FAIR   | POOR |
| 2. Overall quality of presentations:                   | EXCELLENT | GOOD | FAIR   | POOR |
| 3. Did the program meet your expectations?             |           | YES  | PARTLY | NO   |
| 4. Would you tell a friend to take this course?        |           | YES  | MAYBE  | NO   |
| 5. Was there enough time for discussion and questions? |           | YES  |        | NO   |
| 6. Can you use information right away?                 |           | YES  | SOME   | NO   |

7. What did you like **best** about the course? \_\_\_\_\_

\_\_\_\_\_

8. What did you like **least** about the course? \_\_\_\_\_

\_\_\_\_\_

9. Who should you contact for more information? \_\_\_\_\_

\_\_\_\_\_