



## **Health Opportunities in Energy Audits and Upgrades**

### **Course Evaluation Survey**

Your input is critical in determining how this course may be improved and how it might impact your work. Please turn in this completed form at the end of class. If you are uncomfortable providing your name and contact information, please leave it blank.

1. **My overall evaluation of the course is:**     excellent     good     fair     poor

2. **Circle "yes" or "no" for the following items:**

Did the course meet your expectations?	Yes	No
Would you recommend this course to a colleague?	Yes	No
Was the content of this course relevant to your job?	Yes	No
Was there enough time for discussion and questions?	Yes	No

3. **Can you incorporate concepts learned during the course into your daily work right away?**

yes                       much of it                       only some                       not at all

If not at all, why not? \_\_\_\_\_

\_\_\_\_\_

4. **Overall quality of presentations: Please circle choice.**

a. Clarity of presentation	Excellent	Good	Fair	Poor
b. Relates material to problems & issues in my practice	Excellent	Good	Fair	Poor
c. Questions and discussion	Excellent	Good	Fair	Poor
d. Case studies and exercises	Excellent	Good	Fair	Poor

f. Additional comments:

\_\_\_\_\_

5. **Quality of Exercises:**

Were the exercises useful in clarifying information?                      Yes                      No

Were the exercises useful in reinforcing information?                      Yes                      No

**Which exercise was the most useful for you? Why?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Which exercise was the least useful for you? Why?** \_\_\_\_\_

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**6. What additional information do you need to help you in your work?** \_\_\_\_\_

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

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

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**9. What issues should have been covered that were not?** \_\_\_\_\_

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**10. Do you have any ideas or general comments for future courses?** \_\_\_\_\_

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