



National Healthy Homes Training Center and Network  
Healthy Homes for Inspectors Course

Course Evaluation Survey

Your input is critical in determining how this course may impact your work and how the course might be improved.

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

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

- a. Did the program meet your expectations? YES NO
- b. Would you recommend this program to a colleague? YES NO
- c. Was the content of this course relevant to your job? YES NO
- d. Was there enough time for discussion and questions? YES NO

3. To what extent did the program meet the course objectives?

- completely  much of it  only some  not at all

4. 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? \_\_\_\_\_

Scale:

Excellent	Good	Average	Below Average	Poor
5	4	3	2	1

5. Overall quality of presentations: Please circle number (Scale above)

- a. Clarity of presentation 5 4 3 2 1
- b. Relates material to problems & issues in my practice 5 4 3 2 1
- c. Questions and discussion 5 4 3 2 1
- d. Case studies and exercises 5 4 3 2 1
- e. Audio-visual aids 5 4 3 2 1
- f. Additional comments:

**6. Overall quality of facilities. Please circle number (Scale above)**

- |                             |   |   |   |   |   |
|-----------------------------|---|---|---|---|---|
| a. Instructional facilities | 5 | 4 | 3 | 2 | 1 |
| b. Meals/breaks             | 5 | 4 | 3 | 2 | 1 |
| c. Ease of registration     | 5 | 4 | 3 | 2 | 1 |
| d. Comments:                |   |   |   |   |   |
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**7. Individual Faculty Evaluation. Rate the presenters using the scale below. Circle your response.**

Name of Presenter: \_\_\_\_\_

- |                       |   |   |   |   |   |
|-----------------------|---|---|---|---|---|
| a. Well-prepared      | 5 | 4 | 3 | 2 | 1 |
| b. Knowledgeable      | 5 | 4 | 3 | 2 | 1 |
| c. Enthusiastic       | 5 | 4 | 3 | 2 | 1 |
| d. Easy to Understand | 5 | 4 | 3 | 2 | 1 |
| e. Comments:          |   |   |   |   |   |
- 

Name of Presenter: \_\_\_\_\_

- |                       |   |   |   |   |   |
|-----------------------|---|---|---|---|---|
| a. Well-prepared      | 5 | 4 | 3 | 2 | 1 |
| b. Knowledgeable      | 5 | 4 | 3 | 2 | 1 |
| c. Enthusiastic       | 5 | 4 | 3 | 2 | 1 |
| d. Easy to Understand | 5 | 4 | 3 | 2 | 1 |
| e. Comments:          |   |   |   |   |   |
- 

**8. What additional info do you need to help you in your work? \_\_\_\_\_**

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

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

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

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