Integrated Pest Management in Multifamily Housing

Training Course Evaluation

Name (optional):	Training Dates:	Loca	tion:	
Your input is important to us. It has take a few	Please help us improve elps us improve the quality minutes to complete this of	and effect		the course. Please
1. My overall evaluation of the co	ourse is: EXCELLENT	GOOD	FAIR	POOR
2. Overall quality of presentations	s: EXCELLENT	GOOD	FAIR	POOR
3. Did the program meet your exp	pectations?	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 this information ri	ight away?	YES	SOME	NO
7. What did you like best about the	ne course?			
8. What did you like least about t	he course?			
9. Whom should you contact for i	more information?			
Excellent Good	Average	Below A	verage	Poor
	Average 3	Below A	verage	Poor 1
Excellent Good 5 4	Average 3	Below A	verage	Poor 1
Excellent Good 5 4 10. Individual Faculty Evaluation Name of presenter:	Average 3	Below A	verage bove. Circl	Poor 1
Excellent Good 5 4 10. Individual Faculty Evaluation Name of presenter: a. Well prepared b. Knowledgeable	Average 3 1. Rate the presenters using 5 4 5 4 5	Below A 2 the scale a 4 3 4 3	average bove. Circl	Poor 1 e your response.
Excellent Good 5 4 10. Individual Faculty Evaluation Name of presenter: a. Well prepared b. Knowledgeable c. Enthusiastic	Average 3 1. Rate the presenters using 5 5 5 5 7 5 7	Below A 2 the scale a 4 3 4 3 4 3	average bove. Circl	Poor 1 e your response. 1 1 1
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