

Program/Course Evaluation Form

Southern California Regional



Transit Training Consortium

Course/Program Name: _____ Date: _____

Instructor: _____ Location: _____

Instructions: Please circle the rating for each question based on the following scale. We appreciate your feedback.

Scale →	1 = Poor	2= Fair	3=Good	4=Excellent
#1	Please rate today's presenter(s) based on the following: style, pace delivery, instruction skills, etc.			
Scale →	1 = Poor	2= Fair	3=Good	4=Excellent
#2	Please rate the training materials/handouts used in this presentation.			
Scale →	1 = Poor	2= Fair	3=Good	4=Excellent
#3	Please rate the facilities and location where this program was held (space and layout of room, equipment, adequacy of parking, personal comfort or room)			
Scale →	1 = Poor	2= Fair	3=Good	4=Excellent
#4	Overall, how would you rate this course/program?			
Scale →	1 = Poor	2= Fair	3=Good	4=Excellent
#5	Would you recommend this session to another transit technician?			
Scale →	1 = Poor	2= Fair	3=Good	4=Excellent
#6	Did this program meet your expectations?			
Scale →	1 = Poor	2= Fair	3=Good	4=Excellent

Please write any other comments about how we can improve the program:

May we use your name in our testimonial files for newsletters, publications and website? Yes or No

SIGNATURE DATE

FOR SCR TTC PURPOSES ONLY: