

*PLEASE TAKE A MOMENT TO COMPLETE THIS FORM*

Your evaluation of this course and the instructor(s) is vital for us to maintain a high level of consistency and accuracy within the system. Your comments help establish a national standard of training. Thank you.

NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

DO YOU FEEL THAT THE CONCEPTS TAUGHT IN THIS COURSE ARE PRACTICAL AND WILL BE EFFECTIVE IN A PHYSICAL CONFRONTATION? EXPLAIN. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW WOULD YOU RATE THE INSTRUCTOR(S) KNOWLEDGE OF THE CONTENT:

EXCELLENT\_\_\_\_ GOOD\_\_\_\_ FAIR\_\_\_\_ POOR\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

HOW WOULD YOU RATE THE INSTRUCTOR(S) DELIVERY OF THE CONTENT:

EXCELLENT\_\_\_\_ GOOD\_\_\_\_ FAIR\_\_\_\_ POOR\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

DOES THE CLASS MOVE ALONG: TOO FAST\_\_\_\_ TOO SLOW\_\_\_\_ JUST RIGHT\_\_\_\_

WAS THE CLASS CHALLENGING? YES\_\_\_\_ NO\_\_\_\_

WOULD YOU RECOMMEND THIS COURSE TO YOUR COLLEAGUES? YES\_\_\_\_ NO\_\_\_\_

IF NO, WHY NOT? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT WOULD YOU LIKE TO SEE ADDED TO THE CURRICULUM? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE ANYTHING YOU WOULD REMOVE FROM THE CURRICULUM? \_\_\_\_\_

---

---

HOW WOULD YOU RATE THIS COURSE IN COMPARISON TO OTHER TRAINING COURSES?

EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

EXPLANATIONS/COMMENTS: \_\_\_\_\_

---

---

OVERALL OPINION OF THIS COURSE: EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS COURSE? SUPERVISOR \_\_\_\_\_ PHONE CALL FROM US \_\_\_\_\_ MAILER \_\_\_\_\_

OUR WEBSITE \_\_\_\_\_ TRADE SHOW \_\_\_\_\_ COLLEAGUE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_ OTHER \_\_\_\_\_

**ADDITIONAL COMMENTS ARE WELCOME**

---

---

---

---

***THANK YOU FOR YOUR TIME AND CONSIDERATION***

-----  
**PLEASE FILL OUT THE FOLLOWING FOR TRAINING UPDATES AND U.S.N.S.T.A. INFO**

TITLE \_\_\_\_\_ NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK FAX \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_