

| | |
|---------------------------|--------------------|
| Course: | Instructor: |
| Training Location: | Date: |

We welcome your comments about the time you have spent training with us. Please complete the following details to help us improve our program and serve you better. Return to Instructor or send to Coordinator.

Please place a check mark in the appropriate box for your answer. We review each evaluation, so please consider each question carefully. *Thank you.*

| | 1 Poor | 2 Average | 3 Good | 4 Excellent |
|--|--------|-----------|--------|-------------|
| Registration and Customer Service | | | | |

| Instructor | 1 Poor | 2 Average | 3 Good | 4 Excellent |
|--|--------|-----------|--------|-------------|
| How well prepared was the instructor? | | | | |
| Knowledge of subject matter? | | | | |
| Ability to respond appropriately to questions? | | | | |
| Presentation abilities? | | | | |

| | | | | |
|--|--|--|--|--|
| Did the class meet your expectations? | | | | |
|--|--|--|--|--|

Comments

What other types of courses do you feel should be made available?

Where did you learn about the course? ___ Catalog ___ Flyer ___ Online ___ Other

Is there anything else you would like us to know? If a testimonial, may we use your name in our publicity?
If yes, please be sure to sign your name.

Your Email to receive Continuing Education updates: _____


Thank you!

Coordinator Contact Information

Cherri Lynch-Fuehring

712-325-3446

clynch@iwcc.edu

 @IowaWesternCE

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