

OTIM Training – Evaluation Form

Please print legibly. Thank you!

Course: Ohio Traffic Incident Management (OTIM) Date: _____

Instructors: _____

Your Title: _____ Your Agency: _____

Please read each item and circle the number of the response that best describes your opinion.

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

Evaluation of Program:

	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>V.G.</i>	<i>Excellent</i>
1. The program covered the promised objectives.	1	2	3	4	5
2. The program content was interesting.	1	2	3	4	5
3. The program was well organized.	1	2	3	4	5
4. Training time was used well.	1	2	3	4	5
5. Instructional activities and materials used during the program were appropriate.	1	2	3	4	5
6. There was sufficient time and opportunity for questions and discussions by the group.	1	2	3	4	5
7. I received skills and knowledge that I can apply to my job and professional goals.	1	2	3	4	5

Evaluation of Instructor:

	<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>V.G.</i>	<i>Excellent</i>
8. The instructor(s) had a thorough knowledge of the subject.	1	2	3	4	5
9. The instructor(s) communicated the subject matter well.	1	2	3	4	5
10. The instructor(s) was/were genuinely interested in the topic.	1	2	3	4	5
11. The instructor(s) facilitated discussion well.	1	2	3	4	5
12. The instructor(s) was/were responsive to the questions and needs of the group.	1	2	3	4	5

Comments/questions?

Suggestions for future classes/courses? _____