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:

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:

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? ______________________________________