

**CENTRAL SHENANDOAH CRIMINAL JUSTICE
TRAINING ACADEMY**

3045 Lee Highway, Weyers Cave, VA 24486
Telephone # (540) 234-9191 Fax # (540) 234-8211



Course Evaluation Form

Type of Training: (Please circle) BLE BJO ACO ECO In-Service

COURSE TITLE: _____ DATE: _____

Course Start Time: _____ Course End Time: _____

1) What is your impression of this course? (Please Circle)

A. Outstanding B. Very Good C. Good D. Fair E. Very Poor

2) What were the MOST interesting topics of instruction?

3) What were the LEAST interesting topics of instruction?

4) How well do you feel this course was organized? (Please Circle)

A. Very Organized B. Acceptably Organized C. Fairly Organized D. Poorly Organized

5) What recommendations (if any) do you have to improve this course?

Instructor Name(s): _____

6) Rate the instructor's performance during the presentation of this course. (Please Circle)

A. Outstanding B. Very Good C. Good D. Fair E. Very Poor

7) Final Comments: _____

Student Signature: _____ Department _____

Printed Name: _____ Date: _____