Security Awareness Evaluation Form

Location: _____
Class Date
Instructor _____

Your evaluation and comments will help us ensure this class is continuously improved to meet our security needs and requirements.. Thank you for your support.

Please answer the questions using the following key:

1 = Strongly Agree 2 = Agree 3 = Disagree 4 = Strongly Disagree
5 = Not Applicable

1. The purpose of this course was clearly communicated.	1 2 3 4 5
2. I found value in the information presented.	1 2 3 4 5
3. The instructor(s) were responsive to questions and informative.	1 2 3 4 5
4. The instructor(s) were clear in their presentations.	1 2 3 4 5
5. The classroom was comfortable.	1 2 3 4 5
6. I could see the presentation clearly.	1 2 3 4 5
7. I could hear the presentation clearly.	1 2 3 4 5
8. I received enough information prior to the class to be prepared.	1 2 3 4 5
9. My overall impression of the instructor(s): Comments:	___ Excellent ___ Good ___ Fair ___ Needs Improvement
10. My overall impression of the facilities: Comments:	___ Excellent ___ Good ___ Fair ___ Needs Improvement
11. My overall impression of the course: Comments:	___ Excellent ___ Good ___ Fair ___ Needs Improvement

Any additional comments you believe will help improve the class for others in the future?

Your name, office designator, and phone number if you would like to be contacted:

_____

Thank you very much for your cooperation.

© Copyright 2002. Melissa Guenther, LLC. All rights reserved.