Student Evaluation Form
Traffic Control Inside the Construction Site

INSTRUCTOR: _______________________________ Class Date: ____________________

<table>
<thead>
<tr>
<th>RATINGS SCALE</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

The Training Program:
- Purpose of class and work applications are clear
- Participant material – useful and easy to follow
- My skills will be improved by class experience
- I have learned or reinforced information important to safety

The Instructor:
- Presentation—clear, interesting and understandable, uses good examples
- Organization—comfortable flow of information and use of materials
- Facilitation—promotes questions, interaction, enthusiasm, maintains eye contact
- Exercises are helpful and reinforce learning

Overall Rating of the Course and Instruction:

HOW DID YOU HEAR ABOUT US?

☐ Website ☐ Facebook
☐ Company / Co-Worker ☐ ESC Newsletter

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COMMENTS:


Company Name: ________________________________ Your Name ________________________________
(Optional)

Phone (Optional): ________________________________ Email (optional): ________________________________

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