

# Student Course Evaluation

Course Title: Fall Protection

Date:

Hours:

Instructor:

Work Related?    Yes    No                      Employer:

**1 - Strongly Disagree                      2 - Disagree                      3 - Neutral                      4 - Agree                      5 - Strongly Agree**

**Circle the  
Applicable number**

- 1. The instructor was well informed on the material he/she was teaching.                      1 2 3 4 5
- 2. The instructor has increased or improved my understanding of the subject.                      1 2 3 4 5
- 3. The instructor presented material in an organized manner.                      1 2 3 4 5
- 4. The instructor had a positive attitude.                      1 2 3 4 5
- 5. The instructor encouraged class participation.                      1 2 3 4 5
- 6. The instructor was able to communicate effectively.                      1 2 3 4 5
- 7. The course was of the appropriate length for the objectives covered.                      1 2 3 4 5
- 8. As a result of taking this course, I expect to be able to improve my job productivity.                      1 2 3 4 5
- 9. How would you rate this class overall?

**Unacceptable                      Poor                      Fair                      Good                      Excellent**

10. Would you recommend this class to your colleagues?    **YES    NO**

11. What did you like best about this class?

12. How can we improve this class to better serve you?

13. Other Comments

How did you find out about this class?    Newspaper                      Radio                      Mailing                      Other_____
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