

# OHIO ARES® TENTH DISTRICT Training Evaluation Form

Please Fill Out the Relevant Sections

Course: Intro to Digital Communications

Location: TriPoint Medical Center

Presenters: Jim Aylward and Rick Kruis

Date: January 22<sup>nd</sup>, 2011

*Please provide the presenter with a constructive evaluation of the program. Each question is rated on a scale of 1-5. Please circle your answer. Comments are appreciated.*

## Training

- |  |    |   |   |   |     |
|--|----|---|---|---|-----|
| 1. Were you satisfied with the training?                                   | No |   |   |   | Yes |
|  | 1  | 2 | 3 | 4 | 5   |
| 2. Was the material comprehensive and complete?                            | No |   |   |   | Yes |
|  | 1  | 2 | 3 | 4 | 5   |
| 3. Was the course material presented in a clear and understandable manner? | No |   |   |   | Yes |
|  | 1  | 2 | 3 | 4 | 5   |
| 4. Was the pace of the presentation appropriate?                           | No |   |   |   | Yes |
|  | 1  | 2 | 3 | 4 | 5   |

--Over--

5. Did the instructor invite student participation? No Yes  
1 2 3 4 5

6. Was the instructor well-prepared? No Yes  
1 2 3 4 5

7. Did the instructor know the material? No Yes  
1 2 3 4 5

**Facility**

8. Was the facility conducive & comfortable? No Yes  
1 2 3 4 5

9. Was the facility clear of distractions? No Yes  
1 2 3 4 5

10. Were you able to hear the instructor? No Yes  
1 2 3 4 5

Overall Impression: Poor Excellent  
1 2 3 4 5

Comments: