



1% Training Instructor Evaluation

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater NW, Salem, OR

Mailing Address: P.O. Box 14470, Salem, OR 97309

(503) 378-4133, Fax: (503) 378-2322

Web: bcd.oregon.gov

TRAINING PROVIDER/INSTRUCTOR INFORMATION

Training provider business name:

Course title:

Course date:

Instructor name:

Reference (attendee) name:

ATTENDEE INSTRUCTIONS

Thank you for taking the time to complete this evaluation. The training provider listed above has submitted a proposal to the Oregon Building Codes Division to provide a class titled _____, and has provided your name as a reference.

Please give detailed answers to the questions about the course listed above that you attended. Your answers will be reviewed as part of the evaluation process. It is important you complete this questionnaire and mail it to the address provided on Page 2 as quickly as possible.

ATTENDEE EVALUATION QUESTIONS

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
The instructor was organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor's explanations were clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructor used teaching approaches that held my attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The handouts were appropriate for the subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My knowledge, skills, and understanding of the subject increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would take another course from this instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What were your impressions of the training provided? _____

Please continue to Page 2

Have you taken other courses from this instructor? If yes, how would you compare the two courses? _____

Would you recommend this instructor to a friend who needed a course in this subject area? Why? _____

Have you used any of the skills or knowledge you gained from this course in your profession? _____

Example: _____

Any other information you would like to contribute? _____

ATTENDEE INFORMATION

Attendee signature:

Please print name:

Position or title:

Date:

Employer name:

Employer address (street, city, state, ZIP):

Thank you again for taking the time to complete this evaluation. Please mail to:

Dodie Wagner, Contract Administrator
Building Codes Division
P.O. Box 14470
Salem, OR 97309-0404