

Participant Evaluation

Please circle answers and add comments.

Date: _____ TLN Event Title: _____

1. Which site?

- | | | |
|---|---|---|
| <input type="checkbox"/> Bismarck DOT District | <input type="checkbox"/> Bismarck LTAP | <input type="checkbox"/> Devils Lake DOT District |
| <input type="checkbox"/> Dickinson DOT District | <input type="checkbox"/> Fargo DOT District | <input type="checkbox"/> Fargo NDSU |
| <input type="checkbox"/> Grand Forks DOT District | <input type="checkbox"/> Minot DOT District | <input type="checkbox"/> Valley City DOT District |
| <input type="checkbox"/> Williston DOT District | <input type="checkbox"/> NDDOT Central Office | <input type="checkbox"/> Other: _____ |

2. Please rate the instructor(s). If more than one instructor, place his/her initials next to the relevant score and for each aspect, from (a) to (e).

	Very effective	Good	Not very effective	Not effective
(a) Knowledge of subject	4	3	2	1
(b) Preparation	4	3	2	1
(c) Style and delivery	4	3	2	1
(d) Responsiveness to group	4	3	2	1
(e) Produced a good learning climate	4	3	2	1

3. Any additional comments about the instructor? _____

4. Please rate the course.

	Very effective	Good	Not very effective	Not effective
(a) Organization of session	4	3	2	1
(b) Activities and discussions	4	3	2	1
(c) Handouts (if applicable)	4	3	2	1
(d) PowerPoint or presentation	4	3	2	1
(e) Course length (Please explain)	4	3	2	1

5. Any additional comments about the course? _____

6. Please rate the effectiveness of the delivery system (TLN's video conference).

- | | | | | |
|-----|---------------------------------------|-----|----|----------------|
| (a) | Were there any equipment problems? | Yes | No | Not applicable |
| (b) | Were there any transmission problems? | Yes | No | Not applicable |

7. Please list equipment/transmission issues. _____

8. Circle a number to indicate how your skills in the subject improved or increased as a result of the course (with 6 equaling "A lot" and 1 equaling "A little")?

☞ 6 5 4 3 2 1 ☛

9. Please comment on your rating for the above question #8. _____

10. Circle a number to indicate your overall rating of this course (with 6 being "Excellent" and 1 being "Poor")?

☞ 6 5 4 3 2 1 ☛

11. Please comment on your rating for the above question #10. _____

12. What do you think should be added to or dropped from the course? _____

13. Do you have any additional comments? _____

Thanks for attending today's event! Please return this form to the site coordinator.

Site coordinator: Scan this form, along with the sign-in sheet, and e-mail the PDF file to susan.hendrickson@ndsu.edu.

If you have questions, please call 701-231-7766