



# Participant Evaluation

Event Date: \_\_\_\_\_

Event ID#: \_\_\_\_\_ (ask your instructor or coordinator for the number)

Your Location: MDT, Great Falls, MT

Which organization are you with?

- |          |           |
|----------|-----------|
| 1. NDDOT | 6. NDSU   |
| 2. SDDOT | 7. CSU    |
| 3. WYDOT | 8. UofWY  |
| 4. MDT   | 9. UofUT  |
| 5. SDSU  | 10. Other |

What is the value of this event to you / your job?

1. Excellent
2. Good
3. Poor

Did you receive the course materials?

1. Yes (or none needed)
2. Yes, some
3. No, none

Overall, how would you rate the content of this event?

1. Excellent
2. Good
3. Poor

Overall, how would you rate this instructor?

1. Excellent
2. Good
3. Poor

Comments:

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Thanks for attending today's event!  
Please give this evaluation to your site coordinator.