

# Evaluation

Attendee Information		Class Information	
Name		Instructor	
Title/Company		Course	
Email		Date	
Contact Number			
Gender			
Age			

Ratings					
	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
<b>Instructor's Knowledge:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Quality of Material:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Content:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Time Utilization:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Instructor's Communication/Listening Skills:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Class Participation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
<b>Overall Rating</b> (average the rating numbers above)					

## Evaluation

ADDITIONAL COMMENTS

GOALS

(reason for attending seminar)

## Verification of Evaluation

By signing this form, you confirm that **Chancellor Consulting Firm, LLC – CCF** has permission to contact you regarding goals, questions and or concerns. Signing this form does not indicate that you agree to (opt-in) any products and or services.

Attendee Signature		Date	
Instructor Signature		Date	

