

Participant Evaluation Form

Location: _____

Course Name: _____

Instructor: _____

1. What did you find most significant about this course?

2. What changes would improve this course?

3. What would you like to see covered in more detail?

4. Do you have any suggestions for future courses?

Student Information: (check those that apply)

Female: _____ Male: _____

Age: 18-25 _____ 26-35 _____ 36-45 _____

46-55 _____ 56-65 _____ 66+ _____

Name: (optional) _____