

# 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) \_\_\_\_\_