



OHIO DEPARTMENT OF PUBLIC SAFETY
DRIVER TRAINING COURSE EVALUATION

SCHOOL NAME	DATE
INSTRUCTOR(S)	TIME
STUDENT NAME	TYPE OF COURSE

Thank you for taking the time to attend this course. To help us improve, please take a moment to fill out this evaluation.

COURSE CONTENT

	Satisfactory	Good	Excellent		
1. How would you evaluate the overall class?	1	2	3	4	5
2. Were the course objectives met?	1	2	3	4	5
3. How appropriate was the class outline and format?	1	2	3	4	5
4. Were the written materials helpful in understanding the course materials?	1	2	3	4	5
5. Was the material covered relevant to your job?	1	2	3	4	5
6. Would you recommend this course to others?	1	2	3	4	5

INSTRUCTOR

	Satisfactory	Good	Excellent		
7. Overall effectiveness of the instructor.	1	2	3	4	5
8. Instructor's knowledge of the subject.	1	2	3	4	5
9. Instructor's presentation skills.	1	2	3	4	5
10. Instructor's ability to involve the class and stimulate interest.	1	2	3	4	5
11. Instructor's use of relevant examples and stories.	1	2	3	4	5
12. How well was the instructor prepared?	1	2	3	4	5
13. How well did the instructor answer questions?	1	2	3	4	5

OVERALL COURSE EVALUATION

14. What part of the course was most useful to you? Why?

15. How can you begin to use the course information in your work area today?

16. What additional training would you like to see offered by ODPS?

17. Please share any other comments that you may have concerning this course.

Thank you very much for your participation in the class.