# TEXAS DEPARTMENT OF PUBLIC SAFETY
## COURSE EVALUATION

Course Title: <u>Fingerprint Training</u>          Date: _____ / _____ / _____

Fingerprint Trainers and Instructors:

_____          _____

Biometric Services Bureau

_____          _____

---

The Department is asking you to provide input regarding various aspects of this class to help determine its effectiveness. Please circle the number which best expresses your response to the following questions.

1 = Strongly Disagree     2 = Disagree     3 = Neutral     4 = Agree     5 = Strongly Agree

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. | This class met my expectations. | 1 | 2 | 3 | 4 | 5 |
| 2. | This class was informative. | 1 | 2 | 3 | 4 | 5 |
| 3. | The ideas in this class were presented clearly. | 1 | 2 | 3 | 4 | 5 |
| 4. | Class reference material were helpful. | 1 | 2 | 3 | 4 | 5 |
| 5. | Information in class was relevant to my needs. | 1 | 2 | 3 | 4 | 5 |
| 6. | The instructor was well prepared. | 1 | 2 | 3 | 4 | 5 |
| 7. | The instructor answered questions clearly. | 1 | 2 | 3 | 4 | 5 |
| 8. | The instructor presented material in an organized way. | 1 | 2 | 3 | 4 | 5 |
| 9. | The instructor provided adequate time for discussion. | 1 | 2 | 3 | 4 | 5 |
| 10. | The instructor was professional in appearance and demeanor. | 1 | 2 | 3 | 4 | 5 |

11. Which part of the class was most valuable?

_____

_____

12. Which part of the class was least valuable?

_____

_____

13. Additional comments:

_____

_____

_____