## K<sup>2</sup> Technologies Training Evaluation Form

CLASS & DATE:			How did you hear about the class? (optional):								
CLASS CONTENT, MATERIALS, & ENVIRONMENT:  1 Were class objectives clearly communicated to you?	Yes		No								
2 Were the instructional materials appropriate with regards to:	Yes Yes Yes		No No No								
3 To what degree was the material relevant to your work?  (Choose a rating between 1 and 10)	<del>-</del>	1 Not at all	2 relevant	3	4	5	6	7	8	9 Complete	10 ly relevant
4 What one skill or topic was most valuable to you?	_										
5 What one skill or topic was least valuable to you?	_										
6 Would you attend further training on this subject? (Ex. If you took a level 1 class, would you be likely to attend a level 2 class on this subject?)	Yes		No								
7 I would attend evening classes if they were offered.	Yes		No								
8 I would attend Saturday classes if they were offered.	Yes		No								
9 Are there other subjects in which you'd likely attend training?	Yes		No								
(If you answered yes to question 9, please list the other subjects that you would like to see K2 offer. Examples might be editing photographs/creating graphics; using internet websites like Facebook, GoogleDocs, Twitter, etc.; Basic web page design, etc)	_										

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10 The room was comfortable.	Yes	No						
11 The room was free from distractions.	Yes	No						
12 The software worked correctly.	Yes	No						
13 The hardware (computers/projector, etc) worked correctly.	Yes	No						
14 The classroom enhanced your learning experience.	Yes	No						
INSTRUCTOR:		, —						
15 The instructor was well prepared.	Yes	No						
16 The instructor was knowlegable about the material.	Yes	No						
17 Rate the instructor's presentation skills. (Including clarity of presentation, pacing, etc.) (Choose a rating between 1 and 10)	1	2 3	4	5 6	7	8	9	10
	Poor							Excellent
<ul><li>18 The instructor responded appropriately to questions.</li><li>19 The instructor encouraged application of learning through the use of real-life examples.</li></ul>	Yes	No No						
20 The instructor encouraged class participation (If you answered no to question 20, how do you think the instructor can improve in this area?)	Yes	No						
21 The instructor kept the class focused.	Yes	No						
22 I would recommend this instructor to colleagues/friends.	Yes	No						
23 I would take a class from this instructor again.	Yes	No						
OVERALL:								
24 Please rate your learning experience.	1	2 3	4	5 6	7	8	9	10
(Choose a rating between 1 and 10)	Poor							Excellent
25 If you were dissatisfied with the class, how could it be improved?								