COPAS - Colorado
Participant Evaluation
Committee: **Date:** **Time:**
Course Number: (Committee, MOYR)
Subject:
Presenter:

To help us continually improve our programs, please express your feelings by filling out the appropriate number in each scale below:

5=Excellent 4=Very Good 3=Good 2=Fair 1=Poor 0=Unacceptable

A. EFFECTIVENESS OF DISCUSSION LEADER.	5 ___	4 ___	3 ___	2 ___	1 ___	0 ___
B. QUALITY OF MATERIALS.	5 ___	4 ___	3 ___	2 ___	1 ___	0 ___
C. OVERALL SATISFACTION WITH THE TOPICS COVERED.	5 ___	4 ___	3 ___	2 ___	1 ___	0 ___
D. OVERALL SATISFACTION WITH THE PROGRAM.	5 ___	4 ___	3 ___	2 ___	1 ___	0 ___
E. THE QUALITY OF THE MEETING ROOM.	5 ___	4 ___	3 ___	2 ___	1 ___	0 ___

Please indicate your agreement or disagreement with each statement.

SA=Strongly Agree A=Agree N=Neutral D=Disagree SD=Strongly Disagree

F. THE OBJECTIVES WERE ACCURATELY DESCRIBED IN THE PROMOTIONAL MATERIAL.	SA ___	A ___	N ___	D ___	SD ___
G. THE OBJECTIVES WERE MET IN THE COURSE.	SA ___	A ___	N ___	D ___	SD ___
H. THE MATERIALS WERE ORGANIZED IN A LOGICAL MANNER.	SA ___	A ___	N ___	D ___	SD ___
I. THE COURSE WAS WELL SUITED TO MY BACKGROUND, EDUCATION, AND EXPERIENCE.	SA ___	A ___	N ___	D ___	SD ___

Please comment on the strengths and weaknesses of the discussion leader, facilities and/or materials, including any suggestions you may have for revisions. (If you found any typographical errors or omissions in the materials, please cite page numbers.

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Please indicate any suggestions you have for future topics to be covered in future meetings or technical sessions.

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