

Less Stress Instructional Services
Course Evaluation Form

Why did you take this course?

Please check one:	Excellent	Good	Fair	Poor	Terrible
Instructor's punctuality:					
Instructor's professionalism:					
Instructor's sensitivity to learner's needs:					
Materials for class:					
Presentation:					

How would you make this class better?

What did you like best about this class?

What other health/safety training would you like to see offered?

Comments:

Instructor(s):

Course:

Date:

Group:

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