

## PROGRAM EVALUATION

Student: Name      Instructor: Name, PMP      Institution: University Name  
CEUs Earned: 5.6

Start Date:

Completion Date:

*To assist us in continuing to improve our training programs, we ask that you complete this brief feedback survey.*

### Achievement of Learning Objectives:

The Director had noted that your learning objectives were as listed below. If they changed during the course of the program, or if they need correcting please validate or correct them and indicate if this program helped you achieve each objective listed.

### Learning Objectives:

- LO #1
- LO #2
- LO #3

Please circle the number that best reflects your opinion of this program and our performance. Next, comment on the reasons for your choice.

### THE PROGRAM was:

1	2	3	4	5
Not Helpful	Somewhat Helpful	Helpful	Quite Helpful	Very Helpful

### For what reasons?

### THE INSTRUCTOR was:

1	2	3	4	5
Not Helpful	Somewhat Helpful	Helpful	Quite Helpful	Very Helpful

### Comments about my instructor:

**CONTINUING EDUCATION: Do you have interest in registering for another series of 6 more sessions with this instructor or one of our other program instructors?**

No	Maybe Later	Definitely Later	Yes: New instructor	Yes: Same instructor
No. (Please leave comments on how we can improve.)	Undecided	Not at this time, but after a break I will reregister with either this instructor or a new one.	Yes, but I would like to select a new instructor to work with this time.	Yes, I will reregister to continue with this instructor.

Comments:

**Thank you for participating providing feedback on your experience!**