

# BUTLER COUNTY COMMUNITY COLLEGE

## FIRE AND HAZARDOUS MATERIAL TRAINING

### STUDENT COURSE EVALUATION

Name of Course \_\_\_\_\_ Eval. Date \_\_\_\_\_

Location \_\_\_\_\_ Course No. \_\_\_\_\_

Name of Instructor \_\_\_\_\_ Class No. \_\_\_\_\_

**Please check the response which most accurately reflects your evaluation.**

#### Course or Program Content:

Amount of material	<input type="checkbox"/> Adequate	<input type="checkbox"/> Too Much	<input type="checkbox"/> Too Little
Course Content	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Too Basic	<input type="checkbox"/> Too Advanced

#### Instructors:

Knowledge of Subject	<input type="checkbox"/> Below Average	<input type="checkbox"/> Average	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent
Evidence of Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Level of Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage Student Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Established Objectives Were Met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: \_\_\_\_\_  
\_\_\_\_\_

**ATTENTION STUDENTS:** Should you not wish to leave this evaluation with the instructor you may mail it directly to Butler County Community College, P O Box 1203, Butler, PA 16003 ATTN: PUBLIC SAFETY. If you wish to speak personally about your experience please contact us at 888-826-2829, extension 8354 for Fire and extension 8355 for Haz Mat courses.

\_\_\_\_\_  
Student Signature (optional)

**PLEASE USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED**