



MOBILE TEAM TRAINING UNIT IV

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A Statewide System of Inservice Training Program
Illinois Law Enforcement Training and Standards Board



COURSE EVALUATION FORM

Date: _____ **Class Name:** _____ **Location:** _____

EVALUATION	Satisfied				Dissatisfied
	5	4	3	2	
1. My personal and professional expectations of this training.					
2. The content of this course was applicable to the needs of my department.					
3. The training course was organized and flowed.					
4. Understood the subject matter.					
5. Overall, I considered this course:					
6. Overall, the instructor(s) were:					
7. Stimulated discussion and involvement within the group.					
<input type="checkbox"/> Instructor:					
<input type="checkbox"/> Instructor:					
<input type="checkbox"/> Instructor:					
<input type="checkbox"/> Instructor:					

9. The strongest parts of this training course were:

10. The weakest parts were:

11. Other comments concerning this course:

Optional Information: Name/Rank:

Agency and Phone Number: _____