Overall Program Evaluation

Program Name: ____________________________________________     Date:____________________

Please rate the following aspects of this course using the scale provided. (If your rating is neither 5 nor 4, please use the reverse side to let us know what made you less satisfied on the item(s)).

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Contents
- Quality of Instruction
- Clear Communication of Ideas and Knowledge
- Course Format (Sequence/Structure of Lecture)
- Relevance of the Course Content to your Needs
- Usefulness of Course Materials
- Opportunities for Participation/Class Discussion

Course Organization
- Booking/Registration for the Course
- Lodging/Accommodations:
  - University Hotel
  - Other Hotel
- Meal(s):
  - CJ Concourse
  - Catered
  - Restaurant
- Training Facilities
  (classroom, break rooms, restrooms, etc.)
- Learning Environment
  (class lighting, temperature, space, etc.)
- Onsite staff support/assistance

InCoSit Trainee Only
- Use of GIS
- Use of technology
- Lecture to exercise ratio

Please answer the following questions as detailed as you can.

Would you recommend this program to fellow officers? _____Yes _____No

Did the program meet your expectations? _____Yes _____No (Please specify)

(Please see the reverse side to continue)
Which part of this program was THE MOST valuable to you?

Which part(s) of this program was (were) least (or not) valuable to you?

Do you have any other comments or suggestions?

For quality assurance purposes, you may be contacted about this evaluation. Please provide your name and your current e-mail address (optional).

Name: ___________________________         E-mail: _______________________________________________

Thank you. We do value your opinion.