



Contractor College & Accreditation Program Evaluation Form

Title of Presentation: _____

Name of Instructor: _____

Date of Presentation: _____

Please rate the presentation on a scale of 1 to 5, 1 being the poorest and 5 being the best. Please feel free to make additional comments on the course, content or instructor in the spaces provided below. Evaluations will be kept confidential and are useful in determining the curriculum of the Accreditation program in the future.

Content, Organization & Delivery of Presentation:

1. Usefulness of information in presentation	1	2	3	4	5
2. Organization of material	1	2	3	4	5
3. Delivery (pace, voice, gestures, etc)	1	2	3	4	5
4. Clarity of discussion	1	2	3	4	5
5. Use of visual aids	1	2	3	4	5
6. Response to questions	1	2	3	4	5
7. Appropriateness of depth/level	1	2	3	4	5

Overall, I would rate this presentation as (check one):

Excellent

Good

Fair

Poor

Very Poor

What other courses would you like to see offered through Contactor College?

Additional Comments: _____

Please return this to your room monitor or you may return it to PDCA National office via fax 314.514.9417

or mail:

PDCA

11960 Westline Industrial Drive, Suite 201

St. Louis, MO 63146

Name (optional): _____

Phone (optional): _____