

2024 CPST Renewal Testing Course

Course Evaluation



STUDENT NAME (optional) _____

1. COURSE SUMMARY

A. Course Logistics

COURSE ID: Training Location
(city/state) _____

Training
Dates _____

B. Instructor Team

Lead Instructor _____

Assistant Instructors

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

2. COURSE EVALUATION

Please rate the following elements of this course by checking the box that most closely represents your opinion:
1=Poor, 2=Fair, 3=Good, and 4=Excellent

A. Logistics and Facilities

| | 1 Poor | 2 Fair | 3 Good | 4 Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Training location | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Course equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Course length | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Flow of information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Flow of activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Schedule/breaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Checkup event location | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Checkup event organization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Logistics and facilities OVERALL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Coordination

| | 1 Poor | 2 Fair | 3 Good | 4 Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Pre-course communication with students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Lead Instructor

| NAME: _____ | 1 Poor | 2 Fair | 3 Good | 4 Excellent |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Preparation and presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Technical knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Communication and teamwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Helpfulness to students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Overall satisfaction with Lead instructor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D. Assistant Instructor 1

| NAME: _____ | 1 Poor | 2 Fair | 3 Good | 4 Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Preparation and presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Technical knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Communication and teamwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Helpfulness to students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Overall satisfaction with instructor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. Assistant Instructor 2

| NAME: _____ | 1 Poor | 2 Fair | 3 Good | 4 Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Preparation and presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Technical knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Communication and teamwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Helpfulness to students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Overall satisfaction with instructor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F. Assistant Instructor 3

| NAME: _____ | 1 Poor | 2 Fair | 3 Good | 4 Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Preparation and presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Technical knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Communication and teamwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Helpfulness to students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Overall satisfaction with instructor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G. Assistant Instructor 4

| NAME: _____ | 1 Poor | 2 Fair | 3 Good | 4 Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Preparation and presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Technical knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Communication and teamwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Helpfulness to students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Overall satisfaction with instructor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

H. Assistant Instructor 5

| NAME: _____ | 1 Poor | 2 Fair | 3 Good | 4 Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Preparation and presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Technical knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Communication and teamwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Helpfulness to students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Overall satisfaction with instructor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I. Assistant Instructor 6

| NAME: _____ | 1 Poor | 2 Fair | 3 Good | 4 Excellent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Preparation and presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Technical knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Communication and teamwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Helpfulness to students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Overall satisfaction with instructor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. OVERALL SATISFACTION

| NAME: _____ | 1 Poor | 2 Fair | 3 Good | 4 Excellent |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Did this course meet your expectations for recertification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. COMMENTS

Please provide comments and/or suggestions for course improvement. (Use reverse side if needed.)