

# Evaluation

## Profit Mastery: Creating Value and Building Wealth

1. Please rate the overall session  Poor  Fair  Good  Excellent  
 2. Please rate the instructors overall  Poor  Fair  Good  Excellent

Circle the number which best describes how effective the training was in achieving the following statements.

		Strongly Disagree → Strongly Agree					N/A
3.	Stated learning objectives were met	1	2	3	4	5	
4.	Prerequisite requirements were met (if applicable)	1	2	3	4	5	
5.	Program materials were accurate	1	2	3	4	5	
6.	Program materials were relevant and contributed to achievement of learning objectives	1	2	3	4	5	
7.	Time allotted to the learning activity was appropriate	1	2	3	4	5	
8.	Individual instructors were effective	1	2	3	4	5	
9.	Facilities and/or technological equipment was appropriate	1	2	3	4	5	
10.	Advance preparation materials were satisfactory	1	2	3	4	5	
11.	Audio and visual material were effective	1	2	3	4	5	

12. Would you recommend this Training to others?  Yes  No
13. Would you be willing to act as a reference regarding the program? If so, fill in your name at the bottom of the page so we can follow-up.
14. Are there any additional comments you wish to make about the course content, teaching materials, or the instructor(s)?

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15. What would you like to share with other business owners/managers/advisors about the value of this course?

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16. Please fill in your name, address, and phone number below.

NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**Date and Place of Program:**

**Program Instructor:**