State 911 Committee Training Evaluation Form

It is the goal of the Dispatcher Training Subcommittee to approve courses that will strengthen the dispatch community in the State of Michigan. Please complete this evaluation form to help maintain the integrity of the courses approved for the State of Michigan. Thank you

Course:  
Company:  
Location:  
Date:  
Instructors:

Please indicate your response to the questions below by circling the appropriate number, with 1 = Poor, 2 = Fair, 3 = Average, 4 = Good, 5 = Excellent.

1. Instructor’s knowledge of the subject matter?  1  2  3  4  5  
Instructor Performance Comments

____________________________________________________________________________________

2. The usefulness of the information?  1  2  3  4  5  
Course Content Comments

____________________________________________________________________________________

3. The pace of the training?  1  2  3  4  5  
What topic(s) did you find most useful?  
____________________________________________________________________________________

What topic(s) did you find least useful?  
____________________________________________________________________________________

____________________________________________________________________________________

What suggestions do you have for future trainings?  
____________________________________________________________________________________

____________________________________________________________________________________

Email completed form to sncdispatchertraining@michigan.gov