



STUDENT COURSE EVALUATION

Michigan Department of Licensing & Regulatory Affairs
 Bureau of Fire Services
 Fire Fighter Training Division
 P.O. 30700, Lansing, MI 48909

Email: LARA-BFS-SMOKE@MICHIGAN.GOV

First and Last Name: (optional)			
Email Address: (optional)			
Training Date(s):		Training Class:	
Please complete all questions. Additional information can be provided in the comment field.			
TRAINING DATES AND LOCATION			
1. Was the facility comfortable for this type of training?	<input type="checkbox"/>	Yes	No
2. Was the facility easy to find?	<input type="checkbox"/>	Yes	No
3. Do you have any comments or concerns regarding this location for future sessions?			
4. Did you receive adequate notice of training dates and times?	<input type="checkbox"/>	Yes	No
TRAINING MATERIALS			
5. Was the training presented in an organized and systematic manner?	<input type="checkbox"/>	Yes	No
6. Were the training materials well organized and helpful?	<input type="checkbox"/>	Yes	No
7. Was enough time spent on each aspect of the training?	<input type="checkbox"/>	Yes	No
If answered no, briefly provide details of the deficiencies.			
8. Overall, do you feel that the training provided all the necessary information to allow you to perform your duties as required?	<input type="checkbox"/>	Yes	No
INSTRUCTOR			
9. Was the instructor well prepared?	<input type="checkbox"/>	Yes	No
10. Did the instructor explain the material in a comprehensive manner?	<input type="checkbox"/>	Yes	No
11. Were questions encouraged?	<input type="checkbox"/>	Yes	No
12. Was there sufficient time allotted for a question and answer session?	<input type="checkbox"/>	Yes	No
COMMENTS			
13. Do you have any other comments concerning the training, please explain?			