

# DESIGN & OPERATION OF WORK ZONE TRAFFIC CONTROL



Date of Class: \_\_\_\_\_

Please complete this evaluation form to help us improve the next class. Be frank and honest in your responses. We appreciate your participation in this program and also your responses on this evaluation form.

**SESSION EVALUATION:** Circle the number that best describes your opinion.

<b>CONTENT</b>						
Exactly what was advertised	1	2	3	4	5	Not at all what was advertised
<b>USEFULNESS</b>						
Highly valuable for me	1	2	3	4	5	Totally useless
<b>ORGANIZATION</b>						
Highly organized	1	2	3	4	5	Totally disorganized
<b>INTEREST</b>						
Very Interesting	1	2	3	4	5	Very dull
WAS THIS SESSION WORTH YOUR TIME?			<input type="checkbox"/> YES	<input type="checkbox"/> NO		

**SPEAKER EVALUATION:** Write in the letter that best describes your opinion of each speaker.

	A – Excellent	B – Good	C – Fair	D – Poor
HOW WELL DID SPEAKERS:	SPEAKER 1	SPEAKER 2	SPEAKER 3	
· Organize their presentation				
· Show Enthusiasm				
· Know the Subject				
· Speak Clearly				
· Use Handouts				
· Use Visuals				

## GENERAL INFORMATION

What Suggestions do you have for improving this seminar? (Please comment on the content, the instructor or the facilities.)

What other topics would you like to see offered