

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT AND LICENSING BRANCH  
CONTINUING EDUCATION COURSE EVALUATION FORM

Course Title: \_\_\_\_\_ Location: \_\_\_\_\_  
Sponsor's Name: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_  
Course ID Code: \_\_\_\_\_ Date: \_\_\_\_\_ Number of People in Attendance: \_\_\_\_\_  
Evaluation Conducted by: \_\_\_\_\_

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**General Course Information**

**Yes**   **No**   **N/A**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Identification of attendees was verified (i.e. driver's or DPR license). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Information presented followed the DPR-approved course agenda.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Course met hours approved by DPR.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Course was well received by the audience.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Attendance Verification**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 5. Sponsor provided a record of course completion to each attendee.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Sponsor did not leave scantrons or records of course completion unattended. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Instructor**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 7. Instructor gave instructions to minimize distractions.                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Instructor presented the material effectively.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Instructor used written and audio-visual tools to enhance the verbal presentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Instructor was able to answer questions from the attendees.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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**Facility**

**Yes**    **No**    **N/A**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 11. Facility is conducive to learning.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Large enough for number of people attending                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Comfortable seating   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tables or other surface for writing, holding written material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Adequate lighting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Comfortable temperature                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Unobstructed view of instructor and visual presentation       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Feedback**

1. Overall experience and impression of the course:

2. Comments or areas for improvement: