

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.

    

a. Large enough for number of people attending

    

b. Comfortable seating

    

c. Tables or other surface for writing, holding written material

    

d. Adequate lighting

    

e. Comfortable temperature

    

f. Unobstructed view of instructor and visual presentation

    

**Feedback**

1. Overall experience and impression of the course:

2. Comments or areas for improvement: