

Course Evaluation Form for Staff
Comprehensive One-Evening Cub Scout Leader Position-Specific Training

Date: _____ Name (optional) _____

1. Did we meet the learning objectives of the course? Yes ___ No ___
If not, why not?

2. Did we start on time? Yes ___ No ___
Did we stop on time? Yes ___ No ___
If not, why not?

3. Was the facility adequate? Yes ___ No ___
If no, what should be changed for the next time?

4. Was the schedule satisfactory? Yes ___ No ___
If no, what should be changed for the next time?

5. Was the course successfully promoted? Yes ___ No ___
If no, what should be changed for the next time?

6. Were the literature, materials, and equipment adequate? Yes ___ No ___
If no, what should be changed for the next time?

7. Were the room arrangements satisfactory? Yes ___ No ___
If no, what should be changed for the next time?

8. Were the staff members well prepared? Yes ___ No ___
If not, please explain.

9. Was there fun and fellowship? Yes ___ No ___
If no, what should be changed for the next time?

10. Was appropriate recognition given to those who completed the course? Yes ___ No ___
If no, what should be changed for the next time?

11. Please share any other suggestions that you have for improvement of the course. Feel free to use additional paper if necessary.