DTS-45
9/2017

State 911 Committee Training Evaluation Form

It is the goal of the Dispatcher Training Subcommittee to approve courses that will strengthen the dispatch community in the State of Michigan. Please complete this evaluation form to help maintain the integrity of the courses approved for the State of Michigan. Thank you

Course: Company:

Location: Date:

Instructors:

Please indicate your response to the questions below by circling the appropriate number, with **1 = Poor, 2 = Fair, 3 = Average, 4 = Good, 5 = Excellent**.

1. Instructor's knowledge of the subject matter? 1 2 3 4 5

Instructor Performance Comments

_____

_____

_____

2. The usefulness of the information? 1 2 3 4 5

Course Content Comments

_____

_____

_____

3. The pace of the training? 1 2 3 4 5

What topic(s) did you find most useful?

_____

_____

_____

What topic(s) did you find least useful?

_____

_____

_____

What suggestions do you have for future trainings?

_____

_____

_____

Email completed form to sncdispatchertraining@michigan.gov