



**PENNSYLVANIA STATE FIRE ACADEMY
OFFICIAL STUDENT COURSE EVALUATION FORM**

STUDENTS: YOUR COMMENTS ARE WELCOME - PLEASE BE CONSTRUCTIVE AND SPECIFIC

Course Name: _____ Course Code _____

Location _____ Date of Evaluation _____

Name of Instructor: _____

Please check the response which most accurately reflects your evaluation

COURSE OR PROGRAM CONTENT:

Amount of Material	() Adequate	() Too Much	() Too Little
Level of Course	() Appropriate	() Too Basic	() Too Advanced

Instructor	Below Average	Average	Very Good	Excellent
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knowledge of subject

Evidence of preparation

Utilization of class time

Ability to encourage and provide
opportunity for discussion and
information sharing among participants

Willingness to be helpful

Other Comments: _____

**SHOULD YOU WANT TO SPEAK PERSONALLY ABOUT YOUR EXPERIENCE. CONTACT THE
STATE FIRE ACADEMY AT 1 800 459 4096 (in PA) or 717 248 1115.**

Signature: (optional) _____