

## Leave No Trace Master Educator COURSE Evaluation

End Date of Course \_\_\_\_\_

Participant's Name \_\_\_\_\_

Location of Course (Host Council) \_\_\_\_\_

Course Instructor(s) \_\_\_\_\_

***Your feedback is critical to us as we work to build a stronger educational program.***

Your personal goals and objectives for this course were met.

	Disagree			Agree			
	1	2	3	4	5	6	7
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

There was the right amount of classroom time.

	1	2	3	4	5	6	7
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

There were enough demonstrations and hands-on activities.

	1	2	3	4	5	6	7
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

The instruction was high-quality and relevant.

	1	2	3	4	5	6	7
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

The course materials, meals and group equipment were adequate.

	1	2	3	4	5	6	7
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Disagree

Agree

- 1
- 2
- 3
- 4
- 5
- 6
- 7

The location and time were suitable for the course.

Comments

- 1
- 2
- 3
- 4
- 5
- 6
- 7

The skills learned on this course will be useful.

Comments

- 1
- 2
- 3
- 4
- 5
- 6
- 7

The course was a good value for what you spent.

Comments

Would you be willing to be listed on the Leave No Trace website as a active Master?      Yes       No

Please provide your email address \_\_\_\_\_ State \_\_\_\_\_

Would you be willing to be contacted by the Center for Outdoor Ethcis to discuss your experience this course?      Yes       No

What information did you find most interesting or useful?

What suggestions do you have for improving the course?

List any additional comments?

# Leave No Trace Master Educator Instructor Evaluation

**Feedback on your instructors is critical to us as we work to build a stronger educational program.**

## **Overall Instructor Effectiveness:**

	Poor					Excellent	
	1	2	3	4	5	6	7
Lead Instructor _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-instructor (1) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-Instructor (2) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course Coordinator _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Presentation & Delivery Skills:**

	Poor					Excellent	
	1	2	3	4	5	6	7
Lead Instructor _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-instructor (1) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-Instructor (2) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Theme, Message, Preparedness:**

	Poor					Excellent	
	1	2	3	4	5	6	7
Lead Instructor _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-instructor (1) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Co-Instructor (2) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **Area for Growth or Improvement:**

Lead Instructor \_\_\_\_\_

Co-instructor (1) \_\_\_\_\_

Co-Instructor (2) \_\_\_\_\_

**Use this page if additional space is required.**