



STAR Center

Simulation, Training, Assessment & Research

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ISO 9001
Certificate No. 38806

NON-RESIDENT TRAINING Student Course Evaluation Form

From: *Director of Training*
To: *Valued Member Student*
Subject: *Student Course Evaluation Form*

I very much value your opinion and input on the quality of training, instruction, and support you have received at a training facility other than the STAR Center. Please take this opportunity to fully complete this course evaluation. I encourage you to be honest and forthright in providing this feedback.

P. F. Shullo
Director of Training

1. Course/Student Data:

Course Title: _____
Dates of Course: _____ to _____
Training Facility: _____
Student Name: _____
Instructor Name: _____

2. Evaluation

(Please rate each of the sections to follow by using the parameters described below. Circle the appropriate number. If services were not used or parameter does not apply indicate "n/a".)

3 = Good	(exceeded training needs)
2 = Satisfactory	(met training needs)
1 = Poor *	(did not meet training needs)
<i>* For "Poor" rating please give details in "Comments" section.</i>	

1. Quality of Presentation	3	2	1	n/a
2. Relevance of Subject Matter	3	2	1	n/a
3. Student Textbook	3	2	1	n/a
4. Training and Visual Aids	3	2	1	n/a
5. Exercises and Case Studies	3	2	1	n/a
6. Classroom Facilities	3	2	1	n/a
7. Overall Course Evaluation	3	2	1	n/a
8. Length of Course	Too Short []	Too Long []	About Right []	

3. **Comments / Remarks:** _____

YOUR FEEDBACK MAKES A DIFFERENCE?

*Please return this completed form with your **Non-Resident Training Claim Form***

To: Director of Training
 STAR Center
 2 W Dixie HWY
 Dania Beach FL 33004-4312