



## Course Evaluation

Course: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Location: \_\_\_\_\_

Your Name (Optional): \_\_\_\_\_

Please take a few minutes to answer the following questions.

### Content/Material:

1. I found the most useful part of this session was...

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2. I found the least useful part of this session was...

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### Instructor:

3. I thought the instructor was...

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### Recommendation of the Program:

4. Overall, I would rate this educational session as...

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5. The other thing I would like to say is...

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**Additional comments may be directed to the NB Safety Council at  
506-458-8034, or Toll-free, 1-877-762-7233.**