



NILEA Evaluation Form

Course Title: _____

Course Number: _____ Course Date: _____

Officer: (optional) _____

Instructor: _____

5	Excellent
4	Good
3	Fair
2	Poor
1	Very Poor

PLEASE CIRCLE ONE OF THE FOLLOWING NUMBERS FOR EACH QUESTION.

Instructor:

Instructor overall	5	4	3	2	1
Presentation of topic	5	4	3	2	1
Instructor was familiar with topic	5	4	3	2	1
Sustained interest throughout course	5	4	3	2	1
Responded to officers problems, questions, or issues	5	4	3	2	1

Topic:

Was of interest to officers	_____ Yes	_____ No
Course should be repeated	_____ Yes	_____ No

Comments: