

Instructional Rating Manual/ CANDIDATE FEEDBACK FORM

Course Director Name: _____ **USPA#:** _____

Course Date: _____ **Location:** _____

Course Type: _____

Your Name (Optional): _____

Please provide any comments and suggestions for evaluating and/or making this course more effective. Please comment in your own words. If you need more space, use the back of this sheet and additional sheets if needed.

Course Outline and Presentation

How would rate this course? (circle one: 1 lowest. 10 highest.)

1 2 3 4 5 6 7 8 9 10

Comments:

Course Materials: (SIM, IRM, and other course materials)

How would rate the course materials? (circle one: 1 lowest. 10 highest.)

1 2 3 4 5 6 7 8 9 10

Comments:

Course Instruction

How would rate the course director? (circle one: 1 lowest. 10 highest.)

1 2 3 4 5 6 7 8 9 10

Comments:

In-Air Evaluations

How would rate the in-air evaluation of this course? (circle one: 1 lowest. 10 highest.)

1 2 3 4 5 6 7 8 9 10

Comments:

Ground Preparation Evaluations

How would rate the course ground prep evaluations? (circle one: 1 lowest. 10 highest.)

1 2 3 4 5 6 7 8 9 10

Comments:

Any additional comments, use this space, reverse side and additional sheets if needed.

Either hand in this form at the end of the course, or fax or mail to the USPA directly.

FAX: (540) 604-9741. Mail: USPA Training, 5401 Southpoint Centre Boulevard, Fredericksburg, VA 22407