

Course Evaluation Form



Please complete and submit this form to your instructor before leaving class.

1. Did you enjoy the course? Yes ___ No ___
2. Did you learn something useful? Yes ___ No ___
3. Do you feel the training will allow you to defend yourself confidently, if the need arises? Yes ___ No ___
4. What would you like added to the course?

5. What would you like to see less of in the course?

6. Was the program long enough, or too long? OK ___ Too Long ___

7. Would you recommend the training to other women? Yes ___ No ___

8. Would you like to take a refresher course, if offered? Yes ___ No ___

9. Additional comments:

10. Class Date: _____