

PEDESTRIAN AND CROSSWALKS TRAINING EVALUATION

Instructor: _____

Date: _____ Location: _____

1. What is your organization type? (Please check one)

- City
 Borough
 County
 Township
 COG
 Contractor or Consultant
 Vendor
 PennDOT
 Other _____

2. What is your position/title? _____

Course Content	Rating				
	Low 1	2	3	4	High 5
3. Usefulness of course content for performing your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall organization of course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Usefulness of course materials for reference in the field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructor(s)	1	2	3	4	5
6. Knowledge of subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Quality of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Responsiveness to needs of learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Clarity of explanations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility	1	2	3	4	5
10. Appropriateness of training facilities for this course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall

11. Length of course
 Too short
 About right
 Too long
12. Would you recommend this course to others?
 No
 Yes
13. How did you first learn of LTAP?
- Through my association (specify): _____
 LTAP website
 From a co-worker
 In a trade publication (specify): _____
 LTAP Newsletter *Moving Forward*
 Other (specify): _____
 Can't remember

Comments on this LTAP training

TEST EVALUATION ANSWER SHEET PEDESTRIAN AND CROSSWALKS

PRE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

POST

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

ROADS SCHOLAR

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

You **MUST** complete the following to receive credit for the LTAP Roads Scholar training program.
(please print)

Name: _____

Municipality: _____

Address: _____

Phone: _____

Email: _____