

WORK ZONE (TEMPORARY) TRAFFIC CONTROL 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

Thank you for completing this evaluation. In a few months, you will receive an evaluation form that will help us assess if the training has helped with your work in the field and was beneficial to your organization. Please take the time to complete and return that evaluation form, as LTAP uses the information we receive from you to refine and improve its training courses.

**TEST EVALUATION ANSWER SHEET
WORK ZONE (TEMPORARY) TRAFFIC CONTROL**

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: _____