



## COURSE EVALUATION

Name of Course: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Select the best response to each question by drawing a circle around the letter corresponding to the response.

1. Overall, I was satisfied with the content of the training. I think this training absolutely educated me as to what to expect and enhanced my confidence level to be better prepared to protect myself and family.
  - a. Definitely
  - b. Partially
  - c. No
2. The instructors were knowledgeable and made the training relevant and worth my time and effort.
  - a. Yes
  - b. No
3. The training met my expectations:
  - a. Yes
  - b. No
4. The number of dry practice exercises, group exercises and final exercise were:
  - a. Great! Want more
  - b. Too little
  - c. Sufficient
  - d. Too much
5. Did the training meet your expectations?
  - a. Exceeded them
  - b. Did not
  - c. Barely met my expectations

**VERY IMPORTANT:** Please do not leave without writing something in this comment section. Please tell us sincerely what you felt about this training in your own personal words or if you want us to contact you to coordinate this training in your area! So, many times this comment section has provided greater insight as to what our participants thought of the course and why, then just answering the questions above! Good or bad ---we want to know. Thank you!

**COMMENTS:**

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(Use back of page if needed)

Thank You!

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