



NATIONAL PROTECTIVE SERVICES INSTITUTE

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Class: _____

NPSI Class Feedback

Course Title: _____

Course Date: _____

Instructor(s): _____

We need you to help us improve. Place a check in the block that indicates your assessment of this block of instruction.	Excellent	Good	Average	Fair	Poor
1. Course Value: applicability and usefulness of information and instruction					
2. Preparation of Instructor: qualifications, communicating ability, training aids					
3. Course Materials: quality of handout, training aids, materials, and lesson plan					
4. Instructional Methods: helpful toward achieving objectives, opportunity for discussion, student involvement, etc.					
5. Safety: compliance and enforcement of classroom and/or range safety					

6. What did you like most about this block of instruction? (Please consider instructional setting, course materials, course content, training objectives, instructional methods, and range safety, etc.) _____

7. What suggestions do you have for modification or improvement of the block of instruction? _____

8. What suggestions do you have for improvement of the instructor's performance?

9. Other comments: _____

10. Would you recommend this block of instruction to others? YES NO

Certification through **TRAINING**, not attending!

Return completed form by fax or email to training@NPSItraining.com