



## CALM Instructors Feedback Form

**Instructor:** \_\_\_\_\_ **Date of Training:** \_\_\_\_\_

**Directions:** Please indicate your opinion related to each of the following items by circling the most appropriate number...with 5 signifying the highest rating and 1 the lowest rating.

1) How would you rate the overall content of the program?

5            4            3            2            1

2) Does the program meet your needs?

5            4            3            2            1

3) Do you feel confident in handling Crisis Situations?

5            4            3            2            1

4) Was the instructor able to apply the content with a variety of examples?

5            4            3            2            1

5) Did the instructor stimulate interest in the subject matter?

5            4            3            2            1

6) Was the classroom a comfortable environment?

5            4            3            2            1

7) Were you able to practice the physical techniques enough to become comfortable with them?

5            4            3            2            1

8) Additional comments on the program and/or the instructor?