

 **Class: Supervisor Improvement Program #4 \_ Location: OMAG - Edmond, OK \_\_\_\_\_\_**

 **Instructor:\_\_\_\_\_\_Pam Spinks\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_January 28, 2020\_\_\_\_**

1. Please, Tell me something(s) you learned today?
2. Please list any suggestions or recommendations to improve this class.

 **Excellent Good Fair Poor**

1. The class as a whole was ➃ ➂ ➁ ➀
2. Organization of training content was ➃ ➂ ➁ ➀
3. Class materials (handouts, slides) were clear and understandable ➃ ➂ ➁ ➀
4. Instructors contribution and effectiveness ➃ ➂ ➁ ➀
5. Use of time ➃ ➂ ➁ ➀
6. Is the SIP Notebook (PPT slides, articles) of value to you? ➃ ➂ ➁ ➀
7. Amount you learned from the training ➃ ➂ ➁ ➀
8. Was your attendance

Sign your name if you wish. *(Optional)*

Phone # or Email for contact

⭘ Mandatory

* Voluntary

*Thank you for completing this form, I read your responses.*

Pam Spinks, OMAG

If you have questions, contact me at pspinks@omag.org.