



Leave No Trace Course Evaluation

Date: _____ **Name:** _____
Course Location: _____
Course Instructor(s): _____

Your feedback is critical to us as we work to build stronger educational programs to better meet the needs of all who enjoy the out-of-doors.

	Disagree					Agree	
Your personal goals and objectives for this course were met.	1	2	3	4	5	6	7
There was the right amount of classroom time.	1	2	3	4	5	6	7
There were enough demonstrations and hands-on activities.	1	2	3	4	5	6	7
The instruction was high-quality and relevant.	1	2	3	4	5	6	7
The course materials, meals and group equipment were adequate.	1	2	3	4	5	6	7
The location and time were suitable for the course.	1	2	3	4	5	6	7
The skills learned on this course will be useful.	1	2	3	4	5	6	7
This course was a good value for what you spent.	1	2	3	4	5	6	7

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Would you be willing to be contacted by the Center for Outdoor Ethics to discuss your experience this course?

Yes

No

What information did you find most interesting or useful?

What suggestions do you have for improving this course?

Please list any additional comments.