



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 was adequate.	1	2	3	4	5	6	7
The location and time was 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

Would you be willing to be listed on the
Leave No Trace website as an active Master Educator?

Yes

No

Please provide your email address: _____ State: _____

Would you be willing to be contacted by
Leave No Trace to discuss your
experience on 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.