



## 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

OVER

Are you interested in volunteering for  
Leave No Trace in your state?

**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.