



# American Society of Professional Estimators CES Program Evaluation

We want to make our training sessions as meaningful as possible and appreciate your candid evaluation of your experience in response to the questions below. Please complete and drop off before you leave.

**Session Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_

Type of Firm

Building Contractor     Highway     Residential

Other \_\_\_\_\_

Please indicate your role:

Estimator     Project Manager

Owners

Owners Rep

Supplier

Other \_\_\_\_\_  
(Specify)

Do you want AIA credit for this course?  Yes

No

## **Circle ONE Number Per Question**

	Poor				Excellent
1. Overall satisfaction with this session:	1	2	3	4	5
2. Satisfaction with the format of this workshop:	1	2	3	4	5
3. Met overall personal objectives for attending:	1	2	3	4	5
4. Overall quality of training aids (handouts, audio/visual, etc.):	1	2	3	4	5
5. Quality of session content:	1	2	3	4	5
6. Overall knowledge and presentation of speakers:	1	2	3	4	5
7. Applicability/value of new knowledge, ideas, or information:	1	2	3	4	5

How could this session be improved? \_\_\_\_\_

What other topics would be of interest? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

*Please offer additional on the reverse of this evaluation. Thanks!*