



**Bucks County Community College**  
Department of Public Safety Training and Certification

1760 South Easton Road  
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**Course Evaluation**

Course Number FSC: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_

Course Name: \_\_\_\_\_ Location: \_\_\_\_\_

Course Instructor(s): \_\_\_\_\_

**Please rate the course using the following scale; please circle your responses.**

1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent.

Additional Comment(s)

Time Allocation for Course:            1        2        3        4        5        \_\_\_\_\_

Instructor's Professional  
Appearance and Mannerisms:        1        2        3        4        5        \_\_\_\_\_

Course Quality & Content:            1        2        3        4        5        \_\_\_\_\_

Attitude towards Students:        1        2        3        4        5        \_\_\_\_\_

Facility, Training Aids, & Equipment: 1        2        3        4        5        \_\_\_\_\_

Explanation of Course Objectives: 1        2        3        4        5        \_\_\_\_\_

Inst. Knowledge of Subject Matter: 1        2        3        4        5        \_\_\_\_\_

Organization of Presentation:        1        2        3        4        5        \_\_\_\_\_

Reference Materials & Hand-outs: 1        2        3        4        5        \_\_\_\_\_

Evidence of Inst. Preparation:        1        2        3        4        5        \_\_\_\_\_

Quality of Practical Training:        1        2        3        4        5        \_\_\_\_\_

Instructor Availability and  
Willingness to Assist Students:        1        2        3        4        5        \_\_\_\_\_

Would you recommend this course to others?        Yes            No        \_\_\_\_\_

How did you hear about this course? Fire Co.    Website    Word of Mouth    Other \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Should you wish to speak personally about your experience, please print your name below. We value your comments and suggestions. Thank you for choosing Bucks County Community College.

Print Name: \_\_\_\_\_

Day Phone #: \_\_\_\_\_