Climbing Wall Instructor Certification Program Evaluation Form

Course Date(s): __________________________ Course Location: __________________________

Course Cost: __________________________

Instructor’s Name: __________________________

Assistant Instructor’s Name(s): __________________________

Your Name: __________________________

Employer: __________________________ Is your employer a CWA member? □ Yes □ No

Instructions: Your responses to this survey are confidential. Use the scale below to rate your responses; use the bottom of the page or the back of the form to provide any additional comments.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither Agree nor Disagree</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

1. The instructor was well-prepared. ................................................................. □ 1 □ 2 □ 3 □ 4 □ 5
2. The instructor was knowledgeable. ................................................................. □ 1 □ 2 □ 3 □ 4 □ 5
3. The instructor behaved professionally. ............................................................. □ 1 □ 2 □ 3 □ 4 □ 5
4. The information presented during the course was well-organized. ................ □ 1 □ 2 □ 3 □ 4 □ 5
5. The information presented during the course was clearly explained. ............... □ 1 □ 2 □ 3 □ 4 □ 5
6. The instructor answered my questions satisfactorily. ........................................ □ 1 □ 2 □ 3 □ 4 □ 5
7. The course covered the material in CWA Certification Program Student Manual. □ 1 □ 2 □ 3 □ 4 □ 5
8. The CWA Certification Program Student Manual was a good resource. ............. □ 1 □ 2 □ 3 □ 4 □ 5
9. The instructor evaluated me using the CWA assessment instrument. ................. □ 1 □ 2 □ 3 □ 4 □ 5
10. The course included information I can use in my job. ....................................... □ 1 □ 2 □ 3 □ 4 □ 5
11. The course required my active involvement in teaching and learning. ............. □ 1 □ 2 □ 3 □ 4 □ 5
12. This climbing facility was an appropriate venue for this course. ....................... □ 1 □ 2 □ 3 □ 4 □ 5
13. I would recommend the CWA Certification Program to others. ...................... □ 1 □ 2 □ 3 □ 4 □ 5
14. I would recommend the instructor(s). ............................................................. □ 1 □ 2 □ 3 □ 4 □ 5
15. Overall, this was an excellent course. ............................................................. □ 1 □ 2 □ 3 □ 4 □ 5
16. I am interested in further professional development training through the CWA. □ Yes □ No

Additional Comments: