



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.

1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree
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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: