



## NORTHERN VIRGINIA CRIMINAL JUSTICE TRAINING ACADEMY

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### SUMMARY OF STUDENT COURSE EVALUATIONS

**Agency:**

**Date of Class:**

**Address of Training:**

**Class Title:**

**Instructor(s):**

**Comments concerning “the most beneficial part of this class” are as follows:**

**Comments concerning how to improve the course are as follows:**

**I certify that training was held in accordance with all Northern Virginia Criminal Justice Academy Policy and Procedures concerning Satellite facilities and the approved lesson plan was followed as required by DCJS.**

Signature

Date