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| Course Name: |  |
| Date: |  |
| Instructor(s): |  |

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| **Please respond to the listed questions. If you answer NO to any, please comment in the space below.** | **Yes** | **No** | **N/A** |
| Was the instructor and course content well organized? |  |  |  |
| Did the instructor cover all stated objectives? |  |  |  |
| Did the instructor encourage class participation? |  |  |  |
| Were the training aids and materials relevant and effective? |  |  |  |
| Would you recommend this course to others? |  |  |  |
| If this course was held at a facility **other** than the Northern Virginia Academy, were the facilities adequate and conducive to training? |  |  |  |
| Comments concerning the course or instructor: | | | |

**Please comment on the following:**

What did you take away from this course?

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How will you apply this course to your current position?

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Can you recommend other courses not currently offered by the Northern Virginia Academy? (If so please indicate the course name and a contact so we can follow up.)

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| If you would like to be contacted in reference to the above suggested course(s) please provide your e-mail address |  |

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| What is your current assignment? (Please choose one of the following)  Patrol, Corrections, Court Security, Investigations, Administration or Civilian |  | How many years of experience do you have in this assignment? |  |