



**Participant Evaluation**  
**FFIEC Course Name**  
**Month, Day, Year**

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**Agency** \_\_\_\_\_ **Name (optional)** \_\_\_\_\_

**Examination Experience** \_\_\_\_\_ years **Specialty Examination Experience** \_\_\_\_\_ years

**Rate the following topics for content:**

|             | <u>Excellent</u> | <u>Above Average</u> | <u>Average</u> | <u>Below Average</u> | <u>Poor</u> |
|-------------|------------------|----------------------|----------------|----------------------|-------------|
| Circle one: | 1                | 2                    | 3              | 4                    | 5           |

**Topic Name**

Comments:

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Additional topics will be added based on the course.

**Rate the effectiveness of the instructors:**

|             | <u>Excellent</u> | <u>Above Average</u> | <u>Average</u> | <u>Below Average</u> | <u>Poor</u> |
|-------------|------------------|----------------------|----------------|----------------------|-------------|
| Circle one: | 1                | 2                    | 3              | 4                    | 5           |

**Instructor Name**

Comments:

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Additional instructors will be added based on the course.

**Overall Rating**

|             | <u>Excellent</u> | <u>Above Average</u> | <u>Average</u> | <u>Below Average</u> | <u>Poor</u> |
|-------------|------------------|----------------------|----------------|----------------------|-------------|
| Circle one: | 1                | 2                    | 3              | 4                    | 5           |

Comments:

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**The course was relevant to my learning objectives or expectations.**

|             | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|-------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| Circle one: | 1                     | 2            | 3              | 4               | 5                        |

Comments:

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**The stated learning objectives were met:**

|             | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|-------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| Circle one: | 1                     | 2            | 3              | 4               | 5                        |

Comments:

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**The stated prerequisite requirements were appropriate and sufficient**

YES or NO or N/A

*If NO, please provide an explanation.*

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**Program materials were relevant and contributed to achieving learning objectives.**

|             | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|-------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| Circle one: | 1                     | 2            | 3              | 4               | 5                        |

Comments:

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**Time allotted to learning activities was appropriate.**

|             | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|-------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| Circle one: | 1                     | 2            | 3              | 4               | 5                        |

Comments:

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**My knowledge/skills were enhanced by attending this course.**

|             | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|-------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| Circle one: | 1                     | 2            | 3              | 4               | 5                        |
| Comments:   | <hr/> <hr/>           |              |                |                 |                          |

**Rate your knowledge/skills level on the course content before attending?**

|             | <u>None</u> | <u>Limited</u> | <u>Average</u> | <u>Above Average</u> | <u>Expert</u> |
|-------------|-------------|----------------|----------------|----------------------|---------------|
| Circle one: | 1           | 2              | 3              | 4                    | 5             |
| Comments:   | <hr/> <hr/> |                |                |                      |               |

**Rate your knowledge/skills level on the course content after attending?**

|             | <u>None</u> | <u>Limited</u> | <u>Average</u> | <u>Above Average</u> | <u>Expert</u> |
|-------------|-------------|----------------|----------------|----------------------|---------------|
| Circle one: | 1           | 2              | 3              | 4                    | 5             |
| Comments:   | <hr/> <hr/> |                |                |                      |               |

**I will be able to apply the knowledge/skills learned during the course.**

|             | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|-------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| Circle one: | 1                     | 2            | 3              | 4               | 5                        |
| Comments:   | <hr/> <hr/>           |              |                |                 |                          |

**I am likely to recommend this course to others.**

|             | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|-------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| Circle one: | 1                     | 2            | 3              | 4               | 5                        |
| Comments:   | <hr/> <hr/>           |              |                |                 |                          |

**What information was the most beneficial? Why?**

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**What can we improve?**

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**THE FOLLOWING MAY BE USED TO SUPPLEMENT THE QUESTIONS ABOVE.**

**What additional topics or speakers would you recommend?**

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**Identify areas of training or continuing education that is currently not offered at your agency or the FFIEC.**

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**THE FOLLOWING MAY BE USED WHEN THE LMS IS UTILIZED.**

**Rate your experience when connecting to the learning management system (LMS).**

Very Easy Very difficult  
Circle one: 1 2 3 4 5  
Comments:

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**Rate your experience when connecting to the learning management system (LMS).**

Very Easy Very difficult  
Circle one: 1 2 3 4 5  
Comments:

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**Rate your experience using the learning management system (LMS).**

Very Easy Very difficult  
Circle one: 1 2 3 4 5  
Comments:

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**THE FOLLOWING ADDITIONAL QUESTIONS MAY BE USED FOR PILOT CLASSES WHEN APPLICABLE.**

**The lesson/module length was appropriate.**

|             | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|-------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| Circle one: | 1                     | 2            | 3              | 4               | 5                        |

Comments:

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**The overall course length was appropriate.**

|             | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|-------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| Circle one: | 1                     | 2            | 3              | 4               | 5                        |

Comments:

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**The content order/flow was appropriate.**

|             | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|-------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| Circle one: | 1                     | 2            | 3              | 4               | 5                        |

Comments:

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**The course pace was appropriate.**

|             | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|-------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| Circle one: | 1                     | 2            | 3              | 4               | 5                        |

Comments:

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**The course complexity level was appropriate for the target audience.**

|             | <u>Strongly Agree</u> | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |
|-------------|-----------------------|--------------|----------------|-----------------|--------------------------|
| Circle one: | 1                     | 2            | 3              | 4               | 5                        |

Comments:

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**THE FOLLOWING ADDITIONAL QUESTIONS MAY BE USED FOR VIRTUAL CLASSES WHEN APPLICABLE.**

**Did you attend a virtual delivery system walk-through session prior to the course?**

YES or NO

If NO, please provide an explanation.

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**Rate your experience when connecting to the virtual delivery system?**

Very Easy

Very difficult

Circle one:            1            2            3            4            5

Comments:

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**Rate your experience when using the virtual delivery system?**

Very Easy

Very difficult

Circle one:            1            2            3            4            5

Comments:

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**Do you have any additional comments specifically related to the virtual delivery system?**

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