



INFORMATIONAL BULLETIN

Class Evaluations

Issued: September 1, 2017

INSTRUCTORS

Please provide students with the survey link and the necessary information to complete the required fields contained in the survey as shown below.

STUDENTS

Please complete the survey via the URL below. We do review your feedback and your comments do help us to improve the California State Fire Training system. Thanks!

Go to: www.surveymonkey.com/r/SFTEval

California State Fire Training
PO Box 944246, Sacramento, CA 94244 | 2251 Harvard Street, Sacramento, CA 95815
Phone (916) 568-2911

Student Course Evaluation Form

20%

Please include the Instructor, Subject, Location, and approval number for the class you are evaluating.

* **Date:** MM/DD/YYYY [Last Date of Class] * **Instructor:** [Last Name, First Initial Example: Smith, J]

* **Course Name:** * **Course Location:** [Name of City]

Please enter the class number (includes a prefix and unique number) in the boxes below. This helps us to better track and analyze your responses. Thanks!

* **Course Code (Prefix)** [ex. BEVO, CFO, etc.] * **Last 4 digits of Course Number:** [Example: 0001]

Figure 1: SFT Online Class Evaluation Example