

## 2HOTT Class Evaluation Form

Training Date(s): \_\_\_\_\_

Training Location (City and State): \_\_\_\_\_, \_\_\_\_\_

Instructor Name(s): \_\_\_\_\_

### Your LCL/QuickBooks experience level prior to class:

LCL:  little to no experience       some experience       lot of experience

QuickBooks:  little to no experience       some experience       lot of experience

Your Name (Optional): \_\_\_\_\_

**Directions:** Check “Yes” or “No” to identify your response to the QuickBooks (QB) training as well as the LCL training. Please provide additional comments wherever possible. Your feedback will help evaluate training design, content, and effectiveness. Please return your completed survey to your Instructor.

1. Was the pace of the class appropriate?

QB:  Yes     No  
LCL:  Yes     No

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2. Did the exercises help reinforce the concepts covered in class?

QB:  Yes     No  
LCL:  Yes     No

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3. Were there any exercises that were *ineffective*?

QB:  Yes     No  
LCL:  Yes     No

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4. Were the materials easy to understand?

QB:  Yes     No  
LCL:  Yes     No

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5. Were supplemental/supporting resources identified during class? QB:  Yes  No  
LCL:  Yes  No

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6. Did you learn ways to make your records and reports (membership or financial) more accurate? Or, to leave a better audit trail? QB:  Yes  No  
LCL:  Yes  No

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7. Will you use what you've learned when you return to your Lodge, Chapter, or Moose Legion? QB:  Yes  No  
LCL:  Yes  No

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8. Would you recommend this course to other Administrators, Recorders, or Moose Legion Secretaries? QB:  Yes  No  
LCL:  Yes  No

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9. Did the classroom facility support an environment for learning? QB:  Yes  No  
LCL:  Yes  No

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10. Was the Instructor(s) knowledgeable on the course content? QB:  Yes  No  
LCL:  Yes  No

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11. Did the Instructor(s) follow the course flow as designed – according to your manual? QB:  Yes  No  
LCL:  Yes  No

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12. Did the Instructor(s) answer questions clearly and concisely? QB:  Yes  No  
LCL:  Yes  No

*Thank you for completing this survey!*