TTQ Teen Client Course Evaluation

General

1. Course Date (mm/dd/yyyy) _____
Start Date

2. Course Number (if applicable) _____

3. AHEC _____

4. Facilitator _____

Evaluation

4. Using the scoring scale below, mark the appropriate rating for each statement on the outcome of this course.

	Strongly Disagree	Disagree	Not Sure/Neutral	Agree	Strongly agree
The course materials met my needs	○	○	○	○	○
The length of the course was appropriate for the materials covered	○	○	○	○	○
The facilitator was responsive to questions/comments	○	○	○	○	○
The content was relatable to me	○	○	○	○	○
The teaching style was effective for the materials covered	○	○	○	○	○
I was able to learn how to manage triggers	○	○	○	○	○
I was given information on how to handle peer pressure	○	○	○	○	○
I feel more aware of the dangers of using nicotine and vaping products	○	○	○	○	○
The course was engaging	○	○	○	○	○
The course provided me with the tools to quit tobacco	○	○	○	○	○
This course helped motivate me to start a quit attempt	○	○	○	○	○

5. What did you like *most* about the course?

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6. What did you like *least* about the course?

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Additional Comment:

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