



1001 Class Evaluation Form

We would like your feedback on the class today. Your comments will help us make improvements to BOC and plan future courses of value to you.

DATE: _____ CLASS TOPIC/NUMBER: _____

LOCATION: _____ INSTRUCTOR: _____

YOUR JOB TITLE: _____

INFORMATION ABOUT YOUR FACILITY

HVAC EQUIPMENT AT YOUR FACILITY (check all that apply):

- Boiler
- Heat Pump
- Furnace
- Packaged Rooftop Unit
- Chilled Water System
- Cooling Tower
- Other: _____
- Don't Know

AIR SYSTEMS (check all that apply):

- Constant Volume
- Variable Air Volume
- Underfloor Air Distribution
- Other: _____
- Don't Know

CONTROL SYSTEMS (check all that apply):

- Simple Thermostat
- Pneumatic Controls
- Direct Digital Controls (DDC)
- Energy Management System (EMS)
- Building Automation System (BAS)
- Other: _____
- Don't Know

LIGHTING EQUIPMENT & CONTROLS (check all that apply):

- T-12s
- T-8s
- T-5s
- CFLs
- LEDs
- Occupancy Sensors
- Dimmable Ballasts
- Daylight Controls
- Sweep Controls
- Don't Know
- Other: _____

For the following questions, please circle a number for each question:

1. In general, today's BOC class was:

Not Useful		Somewhat Useful		Useful		Very Useful			
1	2	3	4	5	6	7	8	9	10

2. How much of the information presented was new?

None		Little		Some		Most		All	
1	2	3	4	5	6	7	8	9	10

3. The content of presentation was:

Too Basic		About Right		Too Technical					
1	2	3	4	5	6	7	8	9	10

4. Did you feel that you can complete the on-site project based on today's presentation?

No		Need More Info		Maybe		Yes			
1	2	3	4	5	6	7	8	9	10

CONTINUE on other side ↓

5. Please rate the following parts of the class:

	Needs Improvement			Satisfactory		Very Good		Excellent		
Organization	1	2	3	4	5	6	7	8	9	10
Clarity	1	2	3	4	5	6	7	8	9	10
Audio/Visuals	1	2	3	4	5	6	7	8	9	10
Handouts	1	2	3	4	5	6	7	8	9	10
Instructor-Led Class Exercises	1	2	3	4	5	6	7	8	9	10
Opportunity for Questions	1	2	3	4	5	6	7	8	9	10

6. There was a satisfactory mix of instructor presentation and audience participation. Yes No

7. The instructor allotted time to review the project (homework) due in the next class. Yes No

8. Suggestions for the instructor to improve: _____

9. To what extent do you think this course information will increase the likelihood that you/your company will purchase energy efficient equipment or energy efficiency practices in the future?
(On a scale of 1 to 5, 1=Very Unlikely, 5=Very Likely)

1 2 3 4 5

10. Will you/your company be making equipment purchase decisions for your facility in the near future? (Check one)
Next 6-months___ 6-12 Months___ 1-2 Years___ Beyond 2 Years___ Other (specify)___ No___

11. Would you like electric and gas utility to tell you more about their Energy Efficiency Programs?
 Yes No

12. Do you feel you got a good value for your time and money spent on this class?
 Yes No Don't Know

13. Would you recommend this class to others?
 Yes No Don't Know If "NO", why not: _____

14. What other topics would you be interested in learning more about?

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Building Controls | <input type="checkbox"/> HVAC | <input type="checkbox"/> Plug Loads |
| <input type="checkbox"/> Building Infrastructure | <input type="checkbox"/> Lighting | <input type="checkbox"/> Water Efficiency |
| <input type="checkbox"/> Occupant Education | <input type="checkbox"/> Renewables | |

Other: _____