APPALACHIAN TRAIL CONSERVANCY

5-22-06

Sawyer Training Workshop Evaluation

For office use: Type of workshop: ☐ Chain saw ☐ Crosscut saw

SPONSOR: _____ INSTRUCTOR: _____

LOCATION: _____ DATE: _____

1. Did the workshop meet your needs? ☐ yes ☐ no
2. Did you learn any new skills at the workshop? ☐ yes ☐ no

   If yes, what skills?

   _____

   If no, why not?

   _____

   _____

3. If the workshop were given again, what specific topics would you suggest be added or eliminated?

   _____

   _____

   _____

4. Were your expectations for the course met? ☐ yes ☐ no
5. Was there *too little* / *enough* / *too much* field time? *(Circle your answer.)*
6. Were there enough demonstrations of sawing techniques? ☐ yes ☐ no
7. Was there enough hands-on experience with a saw? ☐ yes ☐ no
8. Was the quality of instruction adequate? ☐ yes ☐ no
9. Did the instructor adequately stress safety? ☐ yes ☐ no
10. Was the location and time suitable for the workshop? ☐ yes ☐ no
11. Was ATC's administration of the workshop (promotion, registration, sharing of details, *etc.*) adequate? ☐ yes ☐ no
12. What other trail skills workshops would you like to have offered in your area?

    _____

    _____

    _____

13. Please list any additional comments concerning this particular sawyer training workshop, ATC's Sawyer Training program, or the trail skills training program in general. *(Use the back if necessary.)*

    _____

    _____

    _____

Return completed form to course instructor.