



**DEPARTMENT OF THE INTERIOR  
AVIATION SAFETY TRAINING**

**EVALUATION**

**DATE \_\_\_\_\_ LOCATION \_\_\_\_\_ COURSE \_\_\_\_\_**

**PLEASE PRINT CLEARLY**

- 1. Please provide us with your comments on the strong points of this course.**

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- 2. Please provide us with your comments on the weak points of this course.**

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- 3. Please provide us with recommendations for improvement.**

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