



*Florida Agricultural and Mechanical University
Small Business Development Center*



FLORIDA DEPARTMENT OF TRANSPORTATION

Construction Management Development Program & Bond Guarantee Program

PARTICIPANT COURSE EVALUATION

(Please note: The information you provide is confidential. It will be used to develop a stronger Construction Management Development Program [CMDP]).

NAME (optional) _____

BUSINESS NAME (optional) _____

1. Education Institution (training site)

- (a) _____ Ariel Business Group (Tampa)
- (b) _____ The Gulf Coast Mutual Investors Group (Pensacola)
- (c) _____ Black Business Investment Fund (BBIF) (Orlando)
- (d) _____ National Association of Minority Contractors (NAMC) (Jacksonville)
- (e) _____ Contractors Resource Center (Miami)
- (f) _____ Tallahassee Community College Adult & Continuing Education (Tallahassee)
- (g) _____ A1A Employment Services (Ft. Lauderdale)

2. Course:

- (a) _____ Business Management (course # 0005586)
- (b) _____ Construction Accounting (course # 0005585)
- (c) _____ Construction Math & Estimating (course #0005587)
- (d) _____ Contracts, Specifications & Law (course #0005584)
- (e) _____ Plan Reading for FDOT Construction (course #0005588)
- (f) _____ Scheduling for FDOT Construction (course #0005583)

3. How did you learn of the CMDP training program:

- (a) _____ From a friend or business associate
- (b) _____ Direct mail pamphlet
- (c) _____ University publication
- (d) _____ Local newspaper
- (e) _____ Local Banker
- (f) _____ Local FDOT Division office
- (g) _____ Radio or TV advertisement
- (h) _____ Heard about a luncheon, dinner or business function
- (i) _____ Other (specify) _____

4. Have you ever owned/managed another business?

- a) _____ yes b) _____ no

(PLEASE TURN OVER)

5. **How many years has your business been in existence?**
 (a)—— Less than 1 year
 (b)—— 1-5 years
 (c)—— 6-10 years
 (d)—— More than 10 years
6. **Check the type of business you are engaged in or plan to be engaged in:**
 (a)—— Retail
 (b)—— Construction
 (c)—— Wholesale
 (d)—— Service (industrial/commercial)
 (e)—— Service (other)
 (f)—— Manufacturing
 (g)—— Other (Specify) _____

USING A SCALE OF 1 (LOW) TO 5 (HIGH), CIRCLE THE NUMBER THAT MOST CLOSELY DESCRIBES YOUR OPINION OF THE COURSE YOU HAVE JUST COMPLETED. (QUESTIONS 7-10)

7. **Practical value of the course's content.**
 1 2 3 4 5
8. **Value of materials you received in the course.**
 1 2 3 4 5
9. **Value of group discussions.**
 1 2 3 4 5
10. **Level at which the topic was presented.**
 1 2 3 4 5
11. **Will you be able to apply the information received in this course to your business?**
 _____ Yes _____ No _____ Unsure
12. **The length of this course was**
 _____ Too long _____ Too short _____ About right
13. **What other training/classroom instruction have you had on small business management?**
 (a)—— Four year college course(s)
 (b)—— Two year college course (s)
 (c)—— High School course (s)
 (d)—— Seminars (Specify) _____
 (e)—— Other FDOT co-sponsored training
 (f)—— None
 (g)—— Other
14. **Do you believe that you would benefit from additional training?**
 (a) _____ Yes (b) _____ No

15. If YES, what type of training?

- (a) ___ Accounting
- (b) ___ Tax Preparation
- (c) ___ Marketing
- (d) ___ Marketing analysis
- (e) ___ Advertising
- (f) ___ Cash flow
- (g) ___ Inventory Control
- (h) ___ Personnel (recruiting, hiring, personnel development, termination, employment law, etc.)
- (i) ___ Cost/benefits analysis
- (j) ___ Construction management
- (k) ___ Advertising
- (l) ___ Use of computers
- (m) ___ Overall project management
- (n) ___ Organization & record retention
- (o) ___ Other

**IF ADDITIONAL TRAINING WAS OFFERED WHAT WOULD YOU PREFER?
(1 = SOMEWHAT USEFUL; 5 = EXTREMELY USEFUL)**

- 16. Day Course**
1 2 3 4 5
- 17. Evening Course**
1 2 3 4 5
- 18. Workshop Format**
1 2 3 4 5
- 19. Seminar Format**
1 2 3 4 5

20. PLEASE USE THE FOLLOWING SCALE TO INDICATE YOUR RESPONSE TO THE STATEMENT BELOW:

SA **A** **UD** **N/A** **D** **SD**
 (STRONGLY AGREE) (AGREE) (UNDECIDED) (NOT APPLICABLE) (DISAGREE) (STRONGLY DISAGREE)

	SA (STRONGLY AGREE)	A (AGREE)	UD (UNDECIDED)	N/A (NOT APPLICABLE)	D (DISAGREE)	SD (STRONGLY DISAGREE)
The training you just completed was sufficient for your purpose.						
Gave me a good working knowledge of the subject presented.						
Allowed me to acquire additional skills and knowledge needed to manage.						

(PLEASE TURN OVER)

CHECK ALL THAT APPLY

21. Certification Status:

- (a) _____ Certified/DBE FDOT
- (b) _____ State of Florida MBE
- (c) _____ SBA – Section 8 (a)
- (d) _____ Other (Specify) _____
- (e) _____ Not certified

22. Racial/Ethnic Status:

- (a) _____ African American
- (b) _____ American Indian or Native Alaskan
- (c) _____ Asian or Pacific Islander
- (d) _____ Hispanic
- (e) _____ White
- (f) _____ Other (Specify) _____

23. Education:

- (a) _____ Less than 12 years
- (b) _____ High School Graduate
- (c) _____ Some College
- (d) _____ College Degree
- (e) _____ Some Graduate School
- (f) _____ Graduate School Degree

24. Current Age:

- (a) _____ 18-25
- (b) _____ 26-33
- (c) _____ 34-41
- (d) _____ 41 and over

25. Was the instructor's method of teaching the course interesting?

- (a) _____ Yes (b) _____ No

26. Did the instructor ascertain questions before going on to the next section?

- (a) _____ Yes (b) _____ No

27. Did the instructor communicate the info to the students in a manner that was conducive for learning?

- (a) _____ Yes (b) _____ No

28. Would you recommend the instructor to teach another CMDP/FDOT course?

- (a) _____ Yes (b) _____ No

29. Did the instructor make the class interesting?

- (a) _____ Yes (b) _____ No

30. Did the instructor ask for classroom participation?

- (a) _____ Yes (b) _____ No

WHY DID YOU ATTEND THIS TRAINING?

ADDITIONAL COMMENTS OR OBSERVATIONS *(optional)*

MAY WE CONTACT YOU TO FURTHER EVALUATE THE TRAINING WE OFFER AND WAYS TO MAKE IT BETTER? _____ YES _____ NO

If Yes, Your Name _____

Daytime Phone _____

E-mail Address _____