

**2024 Department Leadership School  
Course Evaluation**

Your feedback is important in helping us to increase the quality of our leadership training program.  
Thank you for providing your input.

Department Leadership Committee

Name (optional): \_\_\_\_\_

Email address (optional): \_\_\_\_\_

The overall quality of the training was high:

☐ 1 Strongly disagree    ☐ 2 Disagree    ☐ 3 Neutral    ☐ 4 Agree    ☐ 5 Strongly agree

Explain:

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The training will be beneficial to me in performing my duties in The American Legion:

☐ 1 Strongly disagree    ☐ 2 Disagree    ☐ 3 Neutral    ☐ 4 Agree    ☐ 5 Strongly agree

Explain:

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Which topic did you find the most helpful and why?

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Which topic was the least helpful and why?

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Which topics not covered would you have like to seen included and why?

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Please provide any additional comments or suggestions:

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