**浙江卓特律师事务所培训质量评估表**

**单位名称： 日期：**

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| **课堂教学质量评估** | | | | | | | | | | | | | | | | | | | | | | | | |
| **课程名称** | **讲师** | **讲师教学质量评价** | | | | | | | | | | | | | | | | | | | | | | |
| **理论水平** | | | | | | **实务水平** | | | | | | **讲课技巧** | | | | | | **总体评价** | | | | |
| 很  好 | | 较好 | 一般 | 差 | 很  好 | | | 较好 | 一般 | 差 | 很  好 | | | 较好 | 一般 | 差 | 很  好 | | | 较好 | 一般 | 差 |
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| **课程设计质量评价** | | | | | | | | | | | | | | | | | | | | | | | | |
| **类别** | **非常满意** | | **满意** | | | | | | **一般** | | | | | | **不满意** | | | | | | **意见/建议** | | | |
| **合理性** |  | |  | | | | | |  | | | | | |  | | | | | |  | | | |
| **针对性** |  | |  | | | | | |  | | | | | |  | | | | | |  | | | |
| **有效性** |  | |  | | | | | |  | | | | | |  | | | | | |  | | | |
| **除了上述课程外贵司还需要培训哪些课程？在需要栏填写课程名称，也可自行描述课程内容** | | | | | | | | | | | | | | | | | | | | | | | | |

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| **课程** |  |  |  |  |
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| **您喜欢的老师** |  |  |  |  |

**联系人： 联系电话：**