



Student Evaluation Survey

Date _____

Course Name _____

Course Start Date _____

Instructor _____

Student Name _____

Phone # _____

Please answer the questions below on the following scale:

1 = very bad and 5 = excellent

Instructor

The instructor was knowledgeable on the topics covered	1	2	3	4	5
The instructor made the material relevant to my work environment	1	2	3	4	5
The instructor's delivery kept me engaged and focused on the class	1	2	3	4	5
The instructor encouraged questions and group participation	1	2	3	4	5

Courseware

The module objectives were clearly defined	1	2	3	4	5
The coverage of the modules was appropriate	1	2	3	4	5
The course material was appropriate for the training	1	2	3	4	5

General

I am satisfied with the course	1	2	3	4	5
This course will help me better perform my job and serve my clients	1	2	3	4	5

Please provide your feedback on the class:

What would you recommend to improve this course?

Would you recommend this course to a colleague? Yes No (Please circle one)

If yes, what was most useful about this course? (please be specific):

May FITSI use your comments to advertise future course offerings? Yes No (Please circle one)

Comments will be anonymously credited