



## 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

1 2 3 4 5

**Instructor** \_\_\_\_\_

The instructor was knowledgeable on the topics covered

The instructor made the material relevant to my work environment

The instructor's delivery kept me engaged and focused on the class

The instructor encouraged questions and group participation

**Courseware** \_\_\_\_\_

The module objectives were clearly defined

The coverage of the modules was appropriate

The course material was appropriate for the training

**General** \_\_\_\_\_

I am satisfied with the course

This course will help me better perform my job and serve my clients

Please provide your feedback on the class:

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What would you recommend to improve this course?

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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):

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May FITSI use your comments to advertise future course offerings? Yes No (Please select one)  
*Comments will be anonymously credited*