

<b>Course:</b>	<b>Instructor:</b>
<b>Training Location:</b>	<b>Date:</b>

We welcome your comments about the time you have spent training with us. Please complete the following details to help us improve our program and serve you better. Return to Instructor or send to Coordinator.

Please place a check mark in the appropriate box for your answer. We review each evaluation, so please consider each question carefully. *Thank you.*

	1 Poor	2 Average	3 Good	4 Excellent
<b>Registration and Customer Service</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Instructor</b>	1 Poor	2 Average	3 Good	4 Excellent
How well prepared was the instructor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of subject matter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to respond appropriately to questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Did the class meet your expectations?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Comments**

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What other types of courses do you feel should be made available?

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Where did you learn about the course?     Catalog     Flyer     Online     Other

Is there anything else you would like us to know? If a testimonial, may we use your name in our publicity?  
If yes, please be sure to sign your name.

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Your Email to receive Continuing Education updates: \_\_\_\_\_

*Thank you!*

**Coordinator Contact Information**

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