



DOTCORN Y TRAINING COURSE EVALUATION

(585)-251-1784
www.dotcorny.com
4-5-2010 TPA

Class Name _____ Starting Date: _____

Instructor: _____ Start Time : _____

Please rate the class.

What is your overall opinion of the class? Excellent Good Fair Unsatisfactory

Was the class what you expected? Yes No

If no please explain: _____

What aspects of the class did you find the most helpful? _____

If there were handouts were they useful? No handouts Yes No

If equipment was used during class was it: None used Very Helpful Not appropriate for class

Please comment on the class size: Too few participants Just Right Overcrowded

Would you take another class from DOTCORN Y? Yes No

If no please explain: _____

What other classes would you like DOTCORN Y to offer or what days/times would you like to see classes offered: _____

Please rate the instructor.

	Always	Usually	Sometimes	Never
Had good knowledge of subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presented material in an interesting manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presented material in an understandable manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was well organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was on time for start of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was polite and courteous to class participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this instructor? Yes No

If no please explain: _____

Your goals or individual issues:

Please list the goals you wanted to achieve or problems that needed resolving:
