

Center for Technology Training

1300 N. West Shore Blvd, Suite 235 Tampa, FL 33607



Associate Class Questionnaire

Your response to the following questions will assist us in the continuing evaluation of our program. Your success is most important to us. Please submit this form at the completion of your class. You may remain anonymous .

PLEASE TURN INTO THE FRONT DESK ONLY

Class Title: _____ Date(s): _____
Instructor: _____

1. Was the class what you expected?

2. Was the Instructor prepared?

3. Did the class start on time?

4. Has the instructor adequately prepared you to perform labs (if required)?

5. What is your impression of the study material?

6. What could the instructor do to improve your learning experience?

7. Do you feel the class adequately prepared you for the test?

8. What could the Center for Technology Training do to improve the class?

Name: (optional) _____

Phone: _____

My email is: _____

Information on accessing your simulated testing for this course will be emailed to you at the above email address.