

# CLASS ROSTER

Person attending

Company:

Status

AE:

Monday, March 11, 2002

Class Room: 7

Cust 2087 MS Clustering

Day	Airline Drive	TUE	WED
Tim		✓	
Joseph		✓	
David		✓	
Art		✓	
Joseph		✓	
Christopher		✓	
Annemarie		✓	
Todd		✓	
Joseph		✓	
Joseph		✓	
Butch		✓	

General Electric Power Systems	PDFUL	Jim Forman	<input type="checkbox"/>	Computer # <u>5</u>
General Electric Power Systems	PDFUL	Jim Forman	<input type="checkbox"/>	Computer # <u>12</u>
General Electric Power Systems	PDFUL	Jim Forman	<input type="checkbox"/>	Computer # <u>11</u>
General Electric Power Systems	PDFUL	Jim Forman	<input type="checkbox"/>	Computer # <u>10</u>
General Electric Power Systems	PDFUL	Jim Forman	<input type="checkbox"/>	Computer # <u>9</u>
General Electric Power Systems	PDFUL	Jim Forman	<input type="checkbox"/>	Computer # _____
General Electric Power Systems	PDFUL	Jim Forman	<input type="checkbox"/>	Computer # _____
General Electric Power Systems	PDFUL	Jim Forman	<input type="checkbox"/>	Computer # _____
General Electric Power Systems	INVCLIENT	Jim Forman	<input type="checkbox"/>	Computer # _____
General Electric Power Systems	INVCLIENT	Jim Forman	<input type="checkbox"/>	Computer # <u>7</u>
General Electric Power Systems	INVCLIENT	Jim Forman	<input type="checkbox"/>	Computer # <u>8</u>

Art SIN (10)	Joe BAN (9)
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<del>David R</del> CAS (12)	Joe E TUN (11)
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Sam SAN (4)	Joe LIM (7)
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Joe B BON (6)	Butch Pink LIS (5)
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Christopher BOY (4)	todd PEA (3)
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David R DEN (2)	Annemarie VAN (1)
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Please circle your evaluation choices and include comments, which are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our instructors and facilities. Thank you

Student Name JOSEPH H. Company GE POWER SYSTEMS  
 Instructor Name NORM HERBERT Class MS 2087  
 Account Executive JIM FOREMAN Date 3-13-02

Instructor Evaluation	Agree	Disagree
1. The instructor demonstrated knowledge of subject material.	10 9 8 7 6 5 4 3 2 1	
2. The instructor provided satisfactory answers to questions.	10 9 8 7 6 5 4 3 2 1	
3. The instructor was professional, organized and prepared.	10 9 8 7 6 5 4 3 2 1	
4. The instructor emphasized or reviewed key points.	10 9 8 7 6 5 4 3 2 1	
5. The instructor covered course objectives as outlined at start of class.	10 9 8 7 6 5 4 3 2 1	
6. The instructor demonstrated Online Anytime to your satisfaction.	10 9 8 7 6 5 4 3 2 1	
7. What is your overall rating of the instructor?	10 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: Incredibly knowledgeable. Extensive background very apparent

Facilities Evaluation	Agree	Disagree
1. The classroom environment promoted learning.	10 9 8 7 6 5 4 3 2 1	
2. The computers functioned properly.	10 9 8 7 6 5 4 3 2 1	
3. The computers were set up on time.	10 9 8 7 6 5 4 3 2 1	
4. What is your overall rating of the facility	10 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: Top notch facility!

Customer Service Evaluation	Agree	Disagree
1. You understood which topics would be covered before class.	10 9 8 7 6 5 4 3 2 1	
2. Your Account Executive has serviced your account well.	10 9 8 7 6 5 4 3 2 1	
3. Your Account Executive handled your registration well.	10 9 8 7 6 5 4 3 2 1	

Comments: Jim Foreman has always been very responsive/professional

Do you feel the information and instruction you received today will be helpful to you? YES  NO

Do you know anyone who might benefit from computer training? YES  NO

If YES name? \_\_\_\_\_ Phone number? \_\_\_\_\_

Would you like a response regarding your comments on this form? YES  NO

If YES, Telephone Number: \_\_\_\_\_

Did you receive a confirmation call for your class today? YES  NO

What other classes would you like to take at New Horizons? \_\_\_\_\_

What can we do to make the information received today more valuable to your line of work?  
Setup was perfect. No change needed.

# Post Class Survey

Please circle your evaluation choices and include comments, which are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our instructors and facilities. Thank you

Student Name Annemarie Company GPTS  
 Instructor Name Norm Hebert Class 2087 MS Clustering  
 Account Executive Jim Forman Date 3/13/2000

Instructor Evaluation	Agree	Disagree
1. The instructor demonstrated knowledge of subject material.	10 9 8 7 6 5 4 3 2 1	
2. The instructor provided satisfactory answers to questions.	10 9 8 7 6 5 4 3 2 1	
3. The instructor was professional, organized and prepared.	10 9 8 7 6 5 4 3 2 1	
4. The instructor emphasized or reviewed key points.	10 9 8 7 6 5 4 3 2 1	
5. The instructor covered course objectives as outlined at start of class.	10 9 8 7 6 5 4 3 2 1	
6. The instructor demonstrated Online Anytime to your satisfaction.	10 9 8 7 6 5 4 3 2 1	
7. What is your overall rating of the instructor?	10 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Facilities Evaluation	Agree	Disagree
1. The classroom environment promoted learning.	10 9 8 7 6 5 4 3 2 1	
2. The computers functioned properly.	10 9 8 7 6 5 4 3 2 1	
3. The computers were set up on time.	10 9 8 7 6 5 4 3 2 1	
4. What is your overall rating of the facility	10 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Customer Service Evaluation	Agree	Disagree
1. You understood which topics would be covered before class.	10 9 8 7 6 5 4 3 2 1	
2. Your Account Executive has serviced your account well.	10 9 8 7 6 5 4 3 2 1	
3. Your Account Executive handled your registration well.	10 9 8 7 6 5 4 3 2 1	

Comments: \_\_\_\_\_

Do you feel the information and instruction you received today will be helpful to you? YES  NO

Do you know anyone who might benefit from computer training? YES  NO

If YES name? Admin team@GPTS Phone number? unknown

Would you like a response regarding your comments on this form? YES  NO

If YES, Telephone Number: \_\_\_\_\_

Did you receive a confirmation call for your class today? YES  NO

What other classes would you like to take at New Horizons? MCSE courses, MCT(?)

What can we do to make the information received today more valuable to your line of work?

# Post Class Survey

Please circle your evaluation choices and include comments, which are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our instructors and facilities. Thank you

Student Name CHRIS Company GE Power system  
 Instructor Name NORM HEBERT Class \_\_\_\_\_  
 Account Executive \_\_\_\_\_ Date \_\_\_\_\_

Instructor Evaluation	Agree	Disagree
1. The instructor demonstrated knowledge of subject material.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
2. The instructor provided satisfactory answers to questions.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
3. The instructor was professional, organized and prepared.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
4. The instructor emphasized or reviewed key points.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
5. The instructor covered course objectives as outlined at start of class.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
6. The instructor demonstrated Online Anytime to your satisfaction.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
7. What is your overall rating of the instructor?	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Facilities Evaluation	Agree	Disagree
1. The classroom environment promoted learning.	<input type="radio"/> 9 8 7 6 5 4 3 2 1	
2. The computers functioned properly.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
3. The computers were set up on time.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
4. What is your overall rating of the facility	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Customer Service Evaluation	Agree	Disagree
1. You understood which topics would be covered before class.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
2. Your Account Executive has serviced your account well.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
3. Your Account Executive handled your registration well.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	

Comments: \_\_\_\_\_

Do you feel the information and instruction you received today will be helpful to you? YES  NO

Do you know anyone who might benefit from computer training? YES  NO

If YES name? \_\_\_\_\_ Phone number? \_\_\_\_\_

Would you like a response regarding your comments on this form? YES  NO

If YES, Telephone Number: \_\_\_\_\_

Did you receive a confirmation call for your class today? YES  NO

What other classes would you like to take at New Horizons ? \_\_\_\_\_

What can we do to make the information received today more valuable to your line of work?  
 \_\_\_\_\_

# Post Class Survey

Please circle your evaluation choices and include comments, which are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our instructors and facilities. Thank you

Student Name AST Company \_\_\_\_\_  
 Instructor Name Noem Class \_\_\_\_\_  
 Account Executive \_\_\_\_\_ Date 3/11-3/13/02

Instructor Evaluation	Agree	Disagree
1. The instructor demonstrated knowledge of subject material.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
2. The instructor provided satisfactory answers to questions.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
3. The instructor was professional, organized and prepared.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
4. The instructor emphasized or reviewed key points.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
5. The instructor covered course objectives as outlined at start of class.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
6. The instructor demonstrated Online Anytime to your satisfaction.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
7. What is your overall rating of the instructor?	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Facilities Evaluation	Agree	Disagree
1. The classroom environment promoted learning.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
2. The computers functioned properly.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
3. The computers were set up on time.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
4. What is your overall rating of the facility	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Customer Service Evaluation	Agree	Disagree
1. You understood which topics would be covered before class.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
2. Your Account Executive has serviced your account well.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
3. Your Account Executive handled your registration well.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	

Comments: \_\_\_\_\_

Do you feel the information and instruction you received today will be helpful to you? YES  NO

Do you know anyone who might benefit from computer training? YES  NO

If YES name? \_\_\_\_\_ Phone number? \_\_\_\_\_

Would you like a response regarding your comments on this form? YES  NO

If YES, Telephone Number: \_\_\_\_\_

Did you receive a confirmation call for your class today? YES  NO

What other classes would you like to take at New Horizons? \_\_\_\_\_

What can we do to make the information received today more valuable to your line of work? \_\_\_\_\_

# Post Class Survey

Please circle your evaluation choices and include comments, which are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our instructors and facilities. Thank you

Student Name \_\_\_\_\_ Company \_\_\_\_\_

Instructor Name \_\_\_\_\_ Class \_\_\_\_\_

Account Executive \_\_\_\_\_ Date \_\_\_\_\_

Instructor Evaluation	Agree	Disagree
1. The instructor demonstrated knowledge of subject material.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
2. The instructor provided satisfactory answers to questions.	10 <input checked="" type="radio"/> 8 7 6 5 4 3 2 1	
3. The instructor was professional, organized and prepared.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
4. The instructor emphasized or reviewed key points.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
5. The instructor covered course objectives as outlined at start of class.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
6. The instructor demonstrated Online Anytime to your satisfaction.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
7. What is your overall rating of the instructor?	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Facilities Evaluation	Agree	Disagree
1. The classroom environment promoted learning.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
2. The computers functioned properly.	10 <input checked="" type="radio"/> 8 7 6 5 4 3 2 1	
3. The computers were set up on time.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
4. What is your overall rating of the facility	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Customer Service Evaluation	Agree	Disagree
1. You understood which topics would be covered before class.	10 9 <input checked="" type="radio"/> 7 6 5 4 3 2 1	
2. Your Account Executive has serviced your account well.	10 <input checked="" type="radio"/> 8 7 6 5 4 3 2 1	
3. Your Account Executive handled your registration well.	<input checked="" type="radio"/> 9 8 7 6 5 4 3 2 1	

Comments: \_\_\_\_\_

Do you feel the information and instruction you received today will be helpful to you? YES  NO

Do you know anyone who might benefit from computer training? YES  NO

If YES name? \_\_\_\_\_ Phone number? \_\_\_\_\_

Would you like a response regarding your comments on this form? YES  NO

If YES, Telephone Number: \_\_\_\_\_

Did you receive a confirmation call for your class today? YES  NO

What other classes would you like to take at New Horizons ? \_\_\_\_\_

What can we do to make the information received today more valuable to your line of work? \_\_\_\_\_

# Post Class Survey

Please circle your evaluation choices and include comments, which are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our instructors and facilities. Thank you

Student Name EDD Company GE Power Systems  
 Instructor Name Norm Herbert Class ZOE7  
 Account Executive Jim Turnan Date 3/13/02

Instructor Evaluation	Agree	Disagree
1. The instructor demonstrated knowledge of subject material.	10 9 8 7 6 5 4 3 2 1	
2. The instructor provided satisfactory answers to questions.	10 9 8 7 6 5 4 3 2 1	
3. The instructor was professional, organized and prepared.	10 9 8 7 6 5 4 3 2 1	
4. The instructor emphasized or reviewed key points.	10 9 8 7 6 5 4 3 2 1	
5. The instructor covered course objectives as outlined at start of class.	10 9 8 7 6 5 4 3 2 1	
6. The instructor demonstrated Online Anytime to your satisfaction.	10 9 8 7 6 5 4 3 2 1	
7. What is your overall rating of the instructor?	10 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: Extremely Knowledgeable

Facilities Evaluation	Agree	Disagree
1. The classroom environment promoted learning.	10 9 8 7 6 5 4 3 2 1	
2. The computers functioned properly.	10 9 8 7 6 5 4 3 2 1	
3. The computers were set up on time.	10 9 8 7 6 5 4 3 2 1	
4. What is your overall rating of the facility	10 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Customer Service Evaluation	Agree	Disagree
1. You understood which topics would be covered before class.	10 9 8 7 6 5 4 3 2 1	
2. Your Account Executive has serviced your account well.	10 9 8 7 6 5 4 3 2 1	
3. Your Account Executive handled your registration well.	10 9 8 7 6 5 4 3 2 1	

Comments: \_\_\_\_\_

Do you feel the information and instruction you received today will be helpful to you? YES NO

Do you know anyone who might benefit from computer training? YES NO

If YES name? \_\_\_\_\_ Phone number? \_\_\_\_\_

Would you like a response regarding your comments on this form? YES NO

If YES, Telephone Number: \_\_\_\_\_

Did you receive a confirmation call for your class today? YES NO EXTRA

What other classes would you like to take at New Horizons? max

What can we do to make the information received today more valuable to your line of work?

Please circle your evaluation choices and include comments, which are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our instructors and facilities. Thank you

Student Name David R Company \_\_\_\_\_  
 Instructor Name Norm Hebert Class cust 2087 MS CLUSTERING  
 Account Executive \_\_\_\_\_ Date 3/13/01

Instructor Evaluation	Agree	Disagree
1. The instructor demonstrated knowledge of subject material.	10 9 8 7 6 5 4 3 2 1	
2. The instructor provided satisfactory answers to questions.	10 9 8 7 6 5 4 3 2 1	
3. The instructor was professional, organized and prepared.	10 9 8 7 6 5 4 3 2 1	
4. The instructor emphasized or reviewed key points.	10 9 8 7 6 5 4 3 2 1	
5. The instructor covered course objectives as outlined at start of class.	10 9 8 7 6 5 4 3 2 1	
6. The instructor demonstrated Online Anytime to your satisfaction.	10 9 8 7 6 5 4 3 2 1	
7. What is your overall rating of the instructor?	10 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Facilities Evaluation	Agree	Disagree
1. The classroom environment promoted learning.	10 9 8 7 6 5 4 3 2 1	
2. The computers functioned properly.	10 9 8 7 6 5 4 3 2 1	
3. The computers were set up on time.	10 9 8 7 6 5 4 3 2 1	
4. What is your overall rating of the facility	10 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Customer Service Evaluation	Agree	Disagree
1. You understood which topics would be covered before class.	10 9 8 7 6 5 4 3 2 1	
2. Your Account Executive has serviced your account well.	10 9 8 7 6 5 4 3 2 1	
3. Your Account Executive handled your registration well.	10 9 8 7 6 5 4 3 2 1	

Comments: \_\_\_\_\_

Do you feel the information and instruction you received today will be helpful to you? YES  NO

Do you know anyone who might benefit from computer training? YES  NO

If YES name? \_\_\_\_\_ Phone number? \_\_\_\_\_

Would you like a response regarding your comments on this form? YES  NO

If YES, Telephone Number: \_\_\_\_\_

Did you receive a confirmation call for your class today? YES  NO

What other classes would you like to take at New Horizons? \_\_\_\_\_

What can we do to make the information received today more valuable to your line of work?  
 \_\_\_\_\_



# Post Class Survey

Please circle your evaluation choices and include comments, which are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our instructors and facilities. Thank you

Student Name Joe Company Ge Power  
 Instructor Name Norm Hebert Class MS Clustering  
 Account Executive \_\_\_\_\_ Date \_\_\_\_\_

Instructor Evaluation	Agree	Disagree
1. The instructor demonstrated knowledge of subject material.	10 (9) 8 7 6 5 4 3 2 1	
2. The instructor provided satisfactory answers to questions.	10 9 (8) 7 6 5 4 3 2 1	
3. The instructor was professional, organized and prepared.	(10) 9 8 7 6 5 4 3 2 1	
4. The instructor emphasized or reviewed key points.	(10) 9 8 7 6 5 4 3 2 1	
5. The instructor covered course objectives as outlined at start of class.	(10) 9 8 7 6 5 4 3 2 1	
6. The instructor demonstrated Online Anytime to your satisfaction.	(10) 9 8 7 6 5 4 3 2 1	
7. What is your overall rating of the instructor?	(10) 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Facilities Evaluation	Agree	Disagree
1. The classroom environment promoted learning.	10 (9) 8 7 6 5 4 3 2 1	
2. The computers functioned properly.	10 9 (8) 7 6 5 4 3 2 1	
3. The computers were set up on time.	10 (9) 8 7 6 5 4 3 2 1	
4. What is your overall rating of the facility	10 (9) 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Customer Service Evaluation	Agree	Disagree
1. You understood which topics would be covered before class.	10 (9) 8 7 6 5 4 3 2 1	
2. Your Account Executive has serviced your account well.	(10) 9 8 7 6 5 4 3 2 1	
3. Your Account Executive handled your registration well.	(10) 9 8 7 6 5 4 3 2 1	

Comments: \_\_\_\_\_

Do you feel the information and instruction you received today will be helpful to you? YES  NO   
 Do you know anyone who might benefit from computer training? YES  NO   
 If YES name? \_\_\_\_\_ Phone number? \_\_\_\_\_  
 Would you like a response regarding your comments on this form? YES  NO   
 If YES, Telephone Number: \_\_\_\_\_  
 Did you receive a confirmation call for your class today? YES  NO   
 What other classes would you like to take at New Horizons ? \_\_\_\_\_  
 What can we do to make the information received today more valuable to your line of work?  
 \_\_\_\_\_

# Post Class Survey

Please circle your evaluation choices and include comments, which are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our instructors and facilities. Thank you

Student Name BUTCH Company GE POWER SYSTEMS  
 Instructor Name NORM HEBERT Class 2087 MS CLUSTERING  
 Account Executive                      Date 3/13/2002

Instructor Evaluation	Agree	Disagree
1. The instructor demonstrated knowledge of subject material.	<u>10</u> 9 8 7 6 5 4 3 2 1	
2. The instructor provided satisfactory answers to questions.	<u>10</u> 9 8 7 6 5 4 3 2 1	
3. The instructor was professional, organized and prepared.	<u>10</u> 9 8 7 6 5 4 3 2 1	
4. The instructor emphasized or reviewed key points.	<u>10</u> 9 8 7 6 5 4 3 2 1	
5. The instructor covered course objectives as outlined at start of class.	<u>10</u> 9 8 7 6 5 4 3 2 1	
6. The instructor demonstrated Online Anytime to your satisfaction.	10 9 8 7 <u>6</u> 5 4 3 2 1	
7. What is your overall rating of the instructor?	<u>10</u> 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Facilities Evaluation	Agree	Disagree
1. The classroom environment promoted learning.	<u>10</u> 9 8 7 6 5 4 3 2 1	
2. The computers functioned properly.	<u>10</u> 9 8 7 6 5 4 3 2 1	
3. The computers were set up on time.	<u>10</u> 9 8 7 6 5 4 3 2 1	
4. What is your overall rating of the facility	<u>10</u> 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Customer Service Evaluation	Agree	Disagree
1. You understood which topics would be covered before class.	<u>10</u> 9 8 7 6 5 4 3 2 1	
2. Your Account Executive has serviced your account well.	<del>10</del> 9 8 7 6 5 4 3 2 1	
3. Your Account Executive handled your registration well.	<del>10</del> 9 8 7 6 5 4 3 2 1	

Comments: \_\_\_\_\_

- Do you feel the information and instruction you received today will be helpful to you? YES  NO
- Do you know anyone who might benefit from computer training? YES  NO
- If YES name? \_\_\_\_\_ Phone number? \_\_\_\_\_
- Would you like a response regarding your comments on this form? YES  NO
- If YES, Telephone Number: \_\_\_\_\_
- Did you receive a confirmation call for your class today? YES  NO
- What other classes would you like to take at New Horizons ? \_\_\_\_\_
- What can we do to make the information received today more valuable to your line of work?  
 \_\_\_\_\_

# Post Class Survey

Please circle your evaluation choices and include comments, which are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our instructors and facilities. Thank you

Student Name Tim K Company \_\_\_\_\_  
 Instructor Name Norm Hebert Class \_\_\_\_\_  
 Account Executive \_\_\_\_\_ Date \_\_\_\_\_

Instructor Evaluation	Agree	Disagree
1. The instructor demonstrated knowledge of subject material.	10 9 8 7 6 5 4 3 2 1	
2. The instructor provided satisfactory answers to questions.	10 9 8 7 6 5 4 3 2 1	
3. The instructor was professional, organized and prepared.	10 9 8 7 6 5 4 3 2 1	
4. The instructor emphasized or reviewed key points.	10 9 8 7 6 5 4 3 2 1	
5. The instructor covered course objectives as outlined at start of class.	10 9 8 7 6 5 4 3 2 1	
6. The instructor demonstrated Online Anytime to your satisfaction.	10 9 8 7 6 5 4 3 2 1	
7. What is your overall rating of the instructor?	10 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Facilities Evaluation	Agree	Disagree
1. The classroom environment promoted learning.	10 9 8 7 6 5 4 3 2 1	
2. The computers functioned properly.	10 9 8 7 6 5 4 3 2 1	
3. The computers were set up on time.	10 9 8 7 6 5 4 3 2 1	
4. What is your overall rating of the facility	10 9 8 7 6 5 4 3 2 1	
	Highest	Lowest

Comments: \_\_\_\_\_

Customer Service Evaluation	Agree	Disagree
1. You understood which topics would be covered before class.	10 9 8 7 6 5 4 3 2 1	
2. Your Account Executive has serviced your account well.	10 9 8 7 6 5 4 3 2 1	
3. Your Account Executive handled your registration well.	10 9 8 7 6 5 4 3 2 1	

Comments: \_\_\_\_\_

Do you feel the information and instruction you received today will be helpful to you? YES  NO   
 Do you know anyone who might benefit from computer training? YES  NO   
 If YES name? \_\_\_\_\_ Phone number? \_\_\_\_\_  
 Would you like a response regarding your comments on this form? YES  NO   
 If YES, Telephone Number: \_\_\_\_\_  
 Did you receive a confirmation call for your class today? YES  NO   
 What other classes would you like to take at New Horizons? Any 2000 related  
 What can we do to make the information received today more valuable to your line of work?