

Post Class Survey

Students Name Michael [unclear] Room # 9
 (Optional)
 Instructor's Name Norm Hebert Class _____
 Account Executive _____ Company _____ Date 11-21-01

INSTRUCTOR/ CLASS EVALUATION

	Highest	9	8	7	6	5	4	3	2	Lowest
1. Instructor was professional, organized and prepared?	<u>10</u>	9	8	7	6	5	4	3	2	1
2. Instructor covered course objectives, as outlined at the start of class?	<u>10</u>	9	8	7	6	5	4	3	2	1
3. Instructor demonstrated knowledge of subject material?	<u>10</u>	9	8	7	6	5	4	3	2	1
4. Instructor emphasized and reviewed key points?	<u>10</u>	9	8	7	6	5	4	3	2	1
5. What is your overall rating of the Instructor?	<u>10</u>	9	8	7	6	5	4	3	2	1
6. Did course meet your expectations?	<u>10</u>	9	8	7	6	5	4	3	2	1

Your comments 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. Please take a moment to provide us with your comments.

Comments about the instructor: _____

FACILITY EVALUATION

	Highest	9	8	7	6	5	4	3	2	Lowest
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>	<u>9</u>	8	7	6	5	4	3	2	1
3. The computers were set up before classes start time?	<u>Yes</u>	No								
4. What is your overall rating of the facility?	<u>10</u>	<u>9</u>	8	7	6	5	4	3	2	1

Comments about the Facility: _____

CUSTOMER SERVICE EVALUATION

1. Did you understand what topics would be covered before class?	<u>Yes</u>	No
2. Has your Account Executive serviced your account?	Yes	No
3. Was your registration process handled well?	Yes	No
4. Did you receive a confirmation call?	Yes	No
5. Did you receive your Certificate of Completion at the end of class?	Yes	No

Comments about your Account Executive: _____

Based on your experience with New Horizons, would you attend another class? Yes No

Would you recommend our classes to a colleague? Yes No

Post Class Survey

Students Name CAROL Room # 9
 (Optional)
 Instructor's Name NORM HEBERT Class IMPLEMENTING CLUSTERING
 Account Executive _____ Company _____ Date 11/19/2001

INSTRUCTOR/ CLASS EVALUATION

	Highest	9	8	7	6	5	4	3	2	Lowest
1. Instructor was professional, organized and prepared?	(10)	9	8	7	6	5	4	3	2	1
2. Instructor covered course objectives, as outlined at the start of class?	(10)	9	8	7	6	5	4	3	2	1
3. Instructor demonstrated knowledge of subject material?	(10)	9	8	7	6	5	4	3	2	1
4. Instructor emphasized and reviewed key points?	(10)	9	8	7	6	5	4	3	2	1
5. What is your overall rating of the Instructor?	(10)	9	8	7	6	5	4	3	2	1
6. Did course meet your expectations?	(10)	9	8	7	6	5	4	3	2	1

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Comments about the instructor: _____

FACILITY EVALUATION

	Highest	9	8	7	6	5	4	3	2	Lowest
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 before classes start time?	(Yes)	No								
4. What is your overall rating of the facility?	10	(9)	8	7	6	5	4	3	2	1

Comments about the Facility: _____

CUSTOMER SERVICE EVALUATION

1. Did you understand what topics would be covered before class?	(Yes)	No
2. Has your Account Executive serviced your account?	Yes	No
3. Was your registration process handled well?	Yes	No
4. Did you receive a confirmation call?	Yes	No
5. Did you receive your Certificate of Completion at the end of class?	Yes	No

Comments about your Account Executive: _____

Based on your experience with New Horizons, would you attend another class? Yes No

Would you recommend our classes to a colleague? Yes No

Post Class Survey

Students Name _____ Room # _____
 (Optional)
 Instructor's Name NOEM Class CWSTER
 Account Executive _____ Company _____ Date 11-19-01

INSTRUCTOR/ CLASS EVALUATION

	Highest										Lowest
1. Instructor was professional, organized and prepared?	10	<u>9</u>	8	7	6	5	4	3	2	1	
2. Instructor covered course objectives, as outlined at the start of class?	<u>10</u>	9	8	7	6	5	4	3	2	1	
3. Instructor demonstrated knowledge of subject material?	<u>10</u>	9	8	7	6	5	4	3	2	1	
4. Instructor emphasized and reviewed key points?	<u>10</u>	9	8	7	6	5	4	3	2	1	
5. What is your overall rating of the Instructor?	<u>10</u>	9	8	7	6	5	4	3	2	1	
6. Did course meet your expectations?	10	<u>9</u>	8	7	6	5	4	3	2	1	

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Comments about the instructor: GREAT JOB!

FACILITY EVALUATION

	Highest										Lowest
1. The classroom environment promoted learning?	10	<u>9</u>	8	7	6	5	4	3	2	1	
2. The computers functioned properly?	10	9	<u>8</u>	7	6	5	4	3	2	1	
3. The computers were set up before classes start time?	<u>Yes</u>	No									
4. What is your overall rating of the facility?	10	9	<u>8</u>	7	6	5	4	3	2	1	

Comments about the Facility: _____

CUSTOMER SERVICE EVALUATION

1. Did you understand what topics would be covered before class?	<u>Yes</u>	No
2. Has your Account Executive serviced your account?	<u>Yes</u>	No
3. Was your registration process handled well?	<u>Yes</u>	No
4. Did you receive a confirmation call?	<u>Yes</u>	No
5. Did you receive your Certificate of Completion at the end of class?	<u>Yes</u>	No

Comments about your Account Executive: _____

Based on your experience with New Horizons, would you attend another class?

Yes No

Would you recommend our classes to a colleague?

Yes No

Post Class Survey

Students Name OPTIONAL Room # 9
 (Optional)
 Instructor's Name NORM HEDERT Class W2000 CLSTER -
 Account Executive _____ Company _____ Date _____

INSTRUCTOR/ CLASS EVALUATION

	Highest	10	9	8	7	6	5	4	3	2	1	Lowest
1. Instructor was professional, organized and prepared?	10	9	8	7	6	5	4	3	2	1		
2. Instructor covered course objectives, as outlined at the start of class?	10	9	8	7	6	5	4	3	2	1		
3. Instructor demonstrated knowledge of subject material?	10	9	8	7	6	5	4	3	2	1		
4. Instructor emphasized and reviewed key points?	10	9	8	7	6	5	4	3	2	1		
5. What is your overall rating of the Instructor?	10	9	8	7	6	5	4	3	2	1		
6. Did course meet your expectations?	10	9	8	7	6	5	4	3	2	1		

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Comments about the instructor: _____

FACILITY EVALUATION

	Highest	10	9	8	7	6	5	4	3	2	1	Lowest
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 before classes start time?	Yes	No										
4. What is your overall rating of the facility?	10	9	8	7	6	5	4	3	2	1		

Comments about the Facility: _____

CUSTOMER SERVICE EVALUATION

1. Did you understand what topics would be covered before class?	Yes	No
2. Has your Account Executive serviced your account?	Yes	No
3. Was your registration process handled well?	Yes	No
4. Did you receive a confirmation call?	Yes	No
5. Did you receive your Certificate of Completion at the end of class?	Yes	No

Comments about your Account Executive: _____

Based on your experience with New Horizons, would you attend another class? Yes No

Would you recommend our classes to a colleague? Yes No

Post Class Survey

Students Name Louis [unclear] Room # 9
 (Optional)
 Instructor's Name Norm Hebert Class Cluster Admin
 Account Executive _____ Company _____ Date _____

INSTRUCTOR/ CLASS EVALUATION

	Highest										Lowest									
1. Instructor was professional, organized and prepared?	10	9	8	7	6	5	4	3	2	1	10	9	8	7	6	5	4	3	2	1
2. Instructor covered course objectives, as outlined at the start of class?	10	9	8	7	6	5	4	3	2	1	10	9	8	7	6	5	4	3	2	1
3. Instructor demonstrated knowledge of subject material?	10	9	8	7	6	5	4	3	2	1	10	9	8	7	6	5	4	3	2	1
4. Instructor emphasized and reviewed key points?	10	9	8	7	6	5	4	3	2	1	10	9	8	7	6	5	4	3	2	1
5. What is your overall rating of the Instructor?	10	9	8	7	6	5	4	3	2	1	10	9	8	7	6	5	4	3	2	1
6. Did course meet your expectations?	10	9	8	7	6	5	4	3	2	1	10	9	8	7	6	5	4	3	2	1

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Comments about the instructor: _____

FACILITY EVALUATION

	Highest										Lowest									
1. The classroom environment promoted learning?	10	9	8	7	6	5	4	3	2	1	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	10	9	8	7	6	5	4	3	2	1
3. The computers were set up before classes start time?	Yes	No									Yes	No								
4. What is your overall rating of the facility?	10	9	8	7	6	5	4	3	2	1	10	9	8	7	6	5	4	3	2	1

Comments about the Facility: _____

CUSTOMER SERVICE EVALUATION

1. Did you understand what topics would be covered before class?	Yes	No
2. Has your Account Executive serviced your account?	Yes	No
3. Was your registration process handled well?	Yes	No
4. Did you receive a confirmation call?	Yes	No
5. Did you receive your Certificate of Completion at the end of class?	Yes	No

~ New Horizons
NOT Microsoft

Comments about your Account Executive: _____

Based on your experience with New Horizons, would you attend another class? **Yes** No

Would you recommend our classes to a colleague? **Yes** No

Post Class Survey

Students Name Tom Room # 9
 (Optional)
 Instructor's Name NORM HEBERT Class 2087A WIN 2000 CUSTOMER
 Account Executive _____ Company _____ Date 11/21/01

INSTRUCTOR/ CLASS EVALUATION

	Highest	8	7	6	5	4	3	2	1	Lowest
1. Instructor was professional, organized and prepared?	10	(9)	8	7	6	5	4	3	2	1
2. Instructor covered course objectives, as outlined at the start of class?	10	(9)	8	7	6	5	4	3	2	1
3. Instructor demonstrated knowledge of subject material?	10	(9)	8	7	6	5	4	3	2	1
4. Instructor emphasized and reviewed key points?	10	(9)	8	7	6	5	4	3	2	1
5. What is your overall rating of the Instructor?	10	(9)	8	7	6	5	4	3	2	1
6. Did course meet your expectations?	10	(9)	8	7	6	5	4	3	2	1

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Comments about the instructor: _____

FACILITY EVALUATION

	Highest	8	7	6	5	4	3	2	1	Lowest
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 before classes start time?	(Yes)	No								
4. What is your overall rating of the facility?	10	(9)	8	7	6	5	4	3	2	1

Comments about the Facility: _____

CUSTOMER SERVICE EVALUATION

1. Did you understand what topics would be covered before class?	(Yes)	No
2. Has your Account Executive serviced your account?	(Yes)	No
3. Was your registration process handled well?	(Yes)	No
4. Did you receive a confirmation call?	(Yes)	No
5. Did you receive your Certificate of Completion at the end of class?	(Yes)	No

Comments about your Account Executive: _____

Based on your experience with New Horizons, would you attend another class? (Yes) No

Would you recommend our classes to a colleague? (Yes) No

Post Class Survey

Students Name Vincent J Room # _____
 (Optional)
 Instructor's Name Norm Hebert Class _____
 Account Executive _____ Company _____ Date _____

INSTRUCTOR/ CLASS EVALUATION

	Highest									Lowest
1. Instructor was professional, organized and prepared?	10	<u>9</u>	8	7	6	5	4	3	2	1
2. Instructor covered course objectives, as outlined at the start of class?	10	<u>9</u>	8	7	6	5	4	3	2	1
3. Instructor demonstrated knowledge of subject material?	10	<u>9</u>	8	7	6	5	4	3	2	1
4. Instructor emphasized and reviewed key points?	10	<u>9</u>	8	7	6	5	4	3	2	1
5. What is your overall rating of the Instructor?	10	<u>9</u>	8	7	6	5	4	3	2	1
6. Did course meet your expectations?	10	<u>9</u>	8	7	6	5	4	3	2	1

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Comments about the instructor: _____

FACILITY EVALUATION

	Highest									Lowest
1. The classroom environment promoted learning?	10	9	8	<u>7</u>	6	5	4	3	2	1
2. The computers functioned properly?	10	9	8	<u>7</u>	6	5	4	3	2	1
3. The computers were set up before classes start time?	<u>Yes</u>	No								
4. What is your overall rating of the facility?	10	9	8	<u>7</u>	6	5	4	3	2	1

Comments about the Facility: _____

CUSTOMER SERVICE EVALUATION

1. Did you understand what topics would be covered before class?	<u>Yes</u>	No
2. Has your Account Executive serviced your account?	Yes	No
3. Was your registration process handled well?	Yes	No
4. Did you receive a confirmation call?	Yes	No
5. Did you receive your Certificate of Completion at the end of class?	Yes	No

Comments about your Account Executive: _____

Based on your experience with New Horizons, would you attend another class? Yes No

Would you recommend our classes to a colleague? Yes No

Post Class Survey

Students Name _____ Room # 9
 (Optional)
 Instructor's Name Noem HERBERT Class MS Cluster
 Account Executive _____ Company _____ Date _____

INSTRUCTOR/ CLASS EVALUATION

	Highest										Lowes
1. Instructor was professional, organized and prepared?	10	<u>9</u>	8	7	6	5	4	3	2	1	
2. Instructor covered course objectives, as outlined at the start of class?	10	<u>9</u>	8	7	6	5	4	3	2	1	
3. Instructor demonstrated knowledge of subject material?	10	<u>9</u>	8	7	6	5	4	3	2	1	
4. Instructor emphasized and reviewed key points?	10	<u>9</u>	8	7	6	5	4	3	2	1	
5. What is your overall rating of the Instructor?	10	<u>9</u>	8	7	6	5	4	3	2	1	
6. Did course meet your expectations?	10	<u>9</u>	8	7	6	5	4	3	2	1	

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Comments about the instructor: _____

FACILITY EVALUATION

	Highest										Lowes
1. The classroom environment promoted learning?	10	<u>9</u>	8	7	6	5	4	3	2	1	
2. The computers functioned properly?	10	<u>9</u>	8	7	6	5	4	3	2	1	
3. The computers were set up before classes start time?	<u>Yes</u>	No									
4. What is your overall rating of the facility?	10	<u>9</u>	8	7	6	5	4	3	2	1	

Comments about the Facility: _____

CUSTOMER SERVICE EVALUATION

1. Did you understand what topics would be covered before class?	<u>Yes</u>	No
2. Has your Account Executive serviced your account?	<u>Yes</u>	No
3. Was your registration process handled well?	<u>Yes</u>	No
4. Did you receive a confirmation call?	<u>Yes</u>	No
5. Did you receive your Certificate of Completion at the end of class?	<u>Yes</u>	No

Comments about your Account Executive: _____

Based on your experience with New Horizons, would you attend another class? Yes No

Would you recommend our classes to a colleague? Yes No

Post Class Survey

Students Name STAN Room # _____
 (Optional)
 Instructor's Name NOIM HERBERT Class WINDMILL 2000 CLUITERINE
 Account Executive _____ Company SUPERIOR COUNTY Date 11/21/01

INSTRUCTOR/ CLASS EVALUATION

	Highest										Lowest
1. Instructor was professional, organized and prepared?	10	9	8	7	6	5	4	3	2	1	
2. Instructor covered course objectives, as outlined at the start of class?	10	9	8	7	6	5	4	3	2	1	
3. Instructor demonstrated knowledge of subject material?	10	9	8	7	6	5	4	3	2	1	
4. Instructor emphasized and reviewed key points?	10	9	8	7	6	5	4	3	2	1	
5. What is your overall rating of the Instructor?	10	9	8	7	6	5	4	3	2	1	
6. Did course meet your expectations?	10	9	8	7	6	5	4	3	2	1	

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Comments about the instructor: _____

FACILITY EVALUATION

	Highest										Lowest
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 before classes start time?	Yes	No									
4. What is your overall rating of the facility?	10	9	8	7	6	5	4	3	2	1	

Comments about the Facility: _____

CUSTOMER SERVICE EVALUATION

1. Did you understand what topics would be covered before class?	Yes	No
2. Has your Account Executive serviced your account?	Yes	No
3. Was your registration process handled well?	Yes	No
4. Did you receive a confirmation call?	Yes	No
5. Did you receive your Certificate of Completion at the end of class?	Yes	No

Comments about your Account Executive: _____

Based on your experience with New Horizons, would you attend another class? Yes No

Would you recommend our classes to a colleague? Yes No