

## Instructor Feedback Form

Position in Company Welder

Company Name STP

1 being low 5 being high

- |  | 1                        | 2                        | 3                        | 4                        | 5                                   |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| a. Was the instructor professional?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Did the instructor answer your questions?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Was the instructor knowledgeable in welding?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Was the instructor helpful during the hands-on welding? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Was the course lecture material relevant to your job?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Was the instructor familiar with the course material?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

What did you like about the course? very detailed

What could the instructor change to improve the course?

wouldn't change anything

General Feedback

Great material