



International Training Invites You to Evaluate Your Course

Dear Professional,
Congratulations on the completion of your recent course! The Agencies of International Training strive to provide the best education and materials in the business. By completing this course evaluation you will help us to maintain International Training's high standards and quality.

Thank you for your co-operation,
Sincerely,

Brian Carney, President

Professional Course Participant Evaluation Questionnaire

| | |
|---|--|
| Your Name _____ Address _____ _____ City _____ State/Prov _____ Zip Code _____ Telephone# _____ Email Address _____ | Instructor Trainer's Name _____ Second Instructor Trainer's Name _____ Location _____ Course Start Date _____ Course Completion Date _____ |
|---|--|

Please answer the following questions about your course:

Pre-Course Information

1. Were all prerequisites met before you started the course or were some prerequisites fulfilled as part of the course?
Yes ___ No ___
If a prerequisite course(s) was taught as part of your program, what was it? _____

Training Materials and Aids

1. Which course did you enroll in _____?
2. Did you use SDI/TDI/ERDI course material during the course?
Yes ___, No ___ If "No" what manual did you use? _____
If "Yes" what did you think of the quality and content of the materials _____
3. Did you conduct the theory development online?
Yes ___, No ___ If "yes" did you complete all our some of the theory online _____
4. Did your Instructor Trainer(s) use any other support material such as: manuals, regulations, guidelines?
Yes ___, No ___ If "Yes" which one(s) _____
5. Did your Instructor Trainer(s) use training aids (i.e.) slates, PowerPoint©?
Yes ___, No ___ If "Yes" what training aid(s) were used _____
6. Did you use training aids during the course (i.e.) slates, PowerPoint©?
Yes ___, No ___ If "Yes" what did you use _____



Academic Evaluation

1. How did your Instructor Trainer(s) evaluate your academic knowledge _____?
2. Did your Instructor Trainer(s) cover all the points in the course manual?
Yes __, No__
3. How many presentations/briefings did you present?

4. Did you feel the classroom was comfortable and suitable in size?
Yes __, No__ (if no please explain)_____.

Rate your overall satisfaction with the course from 1 to 5

1 - Very Dissatisfied, 2-Somewhat Dissatisfied, 3- Neither Satisfied nor Dissatisfied, 4- Somewhat Satisfied, or Very Satisfied

How satisfied were you with:

- | | | | | | |
|--|-----------|----------|----------|----------|----------|
| 1. The quality of the course materials. | 1 | 2 | 3 | 4 | 5 |
| 2. Your Instructor Trainer(s) knowledge of the course and material. | 1 | 2 | 3 | 4 | 5 |
| 3. Your Instructor Trainer(s) responsiveness to your question and needs. | 1 | 2 | 3 | 4 | 5 |
| 4. How satisfied were you with the dives in your course. | 1 | 2 | 3 | 4 | 5 |
| 5. What was the maximum depth you reached during the diving portion of the course _____? | | | | | |
| 6. Would you recommend the course you took to a friend? | Yes _____ | No _____ | | | |
| 7. Would you enroll in another SDI, TDI or ERDI course? | Yes _____ | No _____ | | | |

Practical or In-water Evaluation

1. Did you feel you had sufficient pool/confined water time? Yes_____ No_____
2. How many hours did you spend in pool/confined water? Hours_____
3. Did you feel the dive sites chosen by the Instructor Trainer(s) were suitable and realistic for the course?
Yes __, No__ (if no please explain) _____

4. How many open water dives did you do during your course? _____
5. How many hours did you spend in Open water? _____
6. Did you feel that the Instructor Trainer(s) took all necessary safety precautions during the dives?
Yes __, No__ (if no please explain) _____

Please feel free to add any comments or suggestions: _____
