Participant Satisfaction Survey

Course Title: ___________________________     Instructor(s): __________________________
Date(s) of Session: _______________________   Organization: __________________________

Your comments help us and our instructors to improve the courses we deliver. Please include any additional comments you may have on the back of this form.

1. The instructor of this course presented the material well.     T     F
2. This course met my expectations.     T     F
3. The length of this course was:     Just Right     Too Short     Too Long
   Explain:
________________________________________________________________________
________________________________________________________________________

4. The portion of this course that I liked most was:
________________________________________________________________________
________________________________________________________________________

5. The portion of this course that I liked least was:
________________________________________________________________________
________________________________________________________________________

6. This course can be improved by:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. The instructor(s) presentation was:
________________________________________________________________________
________________________________________________________________________

8. Overall, I was satisfied with the service provided by Advanced Minnesota.     T     F