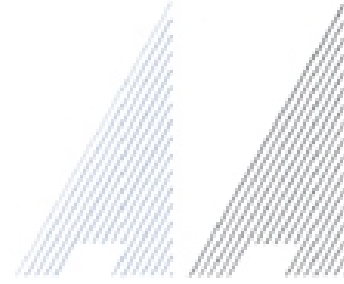


# Course Evaluation FAXBACK



Please complete this form and fax back to AVA Systems on 02 9906 4424

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

COURSE DATE: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

1. WERE THE COURSE OBJECTIVES CLEARLY STATED?

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2. WERE THESE OBEJECTIVES ACHIEVED?

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3. WERE THERE AREAS THAT COULD HAVE BEEN COVERED IN MORE DETAIL?

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4. WAS YOUR INSTRUCTORS COMMUNICATION CLEAR AND APPROACHABLE?

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5. WAS THE COURSE BENEFICIAL?

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5. GENERAL COMMENTS:

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6. OVERALL COURSE GRADE: POOR > GOOD  
(PLEASE CIRCLE) 1 2 3 4 5  
DID YOU RECEIVE CERTIFICATE? Y N