

Course Evaluation

To continuously improve training to meet your needs, your candid response to the following questions would be appreciated. Thank you in advance for your responses!

Name (optional):

I am a:	<input type="checkbox"/> Hourly employee <input type="checkbox"/> Management employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Manager
I am in:	<input type="checkbox"/> Billing Services <input type="checkbox"/> Centralized Scheduling <input type="checkbox"/> Contact Center <input type="checkbox"/> Credit/BQA <input type="checkbox"/> Distribution <input type="checkbox"/> NCAT <input type="checkbox"/> Operations <input type="checkbox"/> Remittance <input type="checkbox"/> WLA <input type="checkbox"/> Other BU
I am part of:	<input type="checkbox"/> Field <input type="checkbox"/> Customer Care
Location:	<input type="checkbox"/> Bloomington Call Center Training Room <input type="checkbox"/> Crystal Lake <input type="checkbox"/> Joliet <input type="checkbox"/> R&D <input type="checkbox"/> Sycamore Call Center Training Room <input type="checkbox"/> Sycamore General BU Training Room <input type="checkbox"/> TTC

<p>Course or Bundle:</p>	<input type="checkbox"/> CC&B Bundle 1 <input type="checkbox"/> CC&B Bundle 2 <input type="checkbox"/> CC&B Bundle 3 <input type="checkbox"/> CC&B Bundle 4 <input type="checkbox"/> CC&B Bundle 5 <input type="checkbox"/> CC&B Bundle 6 <input type="checkbox"/> CC&B Bundle 7 <input type="checkbox"/> CC&B Bundle 8 <input type="checkbox"/> CC&B Service Point Details <input type="checkbox"/> CC&B To-do's <input type="checkbox"/> ADX Field Training <input type="checkbox"/> ADX Supervisor Training <input type="checkbox"/> Other		
<p>Training Date:</p>			
<p>Instructor(s):</p>	<input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed	<input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> LaJeanna Cunningham <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed	<input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed <input type="checkbox"/> Name Removed

Course Contents	Ratings				
	4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree	NA
The overall learning objectives were met.	4	3	2	1	NA
The course was taught at an appropriate pace.	4	3	2	1	NA
The course exercises/activities were relevant to my job.	4	3	2	1	NA
I feel better prepared for n'able.	4	3	2	1	NA
I feel confident I will be able to do my job when n'able goes live.	4	3	2	1	NA

Course Materials	Ratings				
The course materials were well organized and easy to use.	4	3	2	1	NA
The course materials will be useful to me back on the job.	4	3	2	1	NA

Course Instructor	Ratings				
The instructor created a positive learning environment in which to ask questions, express concerns, and share experiences.	4	3	2	1	NA
The instructor presented the material effectively.	4	3	2	1	NA

General Comments about the Instructor
<p style="text-align: center; font-size: 48px; opacity: 0.3; transform: rotate(-15deg);">SAMPLE</p>

Course Comments
What changes would you recommend? Please indicate if your comments are for a specific course or topic.
Additional Comments:

Overall Course Rating				
Excellent	Above Average	Average	Poor	Very Poor
5	4	3	2	1

Can we contact you for further feedback on questions that were rated *disagree* or *strongly disagree*?

- YES
- NO

If yes, please provide your phone extension: