DATE:_____   CLASS NAME: _____

	Low				*High*

1. Overall how would you rate the training?   1 2 3 4 5
Comments:

_____
_____
_____

2. Were the training materials clear and easy to understand?   1 2 3 4 5
Comments:

_____
_____
_____

3. Was the material presented adequately to understand how to use   1 2 3 4 5
the application?
Comments:

_____
_____
_____

4. How would you rate the effectiveness of the trainers?   1 2 3 4 5
Comments:

_____
_____
_____

5. How would you rate the effectiveness of the exercises?   1 2 3 4 5
Comments:

_____
_____
_____

6. Do you have any suggestions for improving the training?

_____
_____
_____
_____