



MS 2087

Instructor: Norm Herbert
 Tuesday, March 19, 2002

First Name	Last Name	Company	AE	Signature
✓ Teresa	A	SCANA	TONY	
Alan	B	SCANA	TONY	
✓ Steve	B	SCANA	TONY	
✓ Adrian	B	SCANA	TONY	
Roger ✓ Roder	B	SCANA	TONY	
Jason	R	SCANA	TONY	
Lorena Jamie	S	SCANA	TONY	
Brett ✓ Beett	W	SCANA	TONY	

Roger
 Lorena
 Brett

(Brett)	(LORETTA)
SIN	BAN
BON	LIM
(STEVE)	(Roger)
BRI	PER

(ADRIAN)	(THERESA)
SAN	LIM
(Brett)	(JASON)
REN	VAN

Post-Class Survey

Instructor's Name: Norm Herbert Class: 2087

Account Executive's Name: _____ Date: 03-21-02

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and Instructors. Please take a moment to provide us with your comments. Thank you.

1. Instructor demonstrated knowledge of subject material? 10 9 8 7 6 5 4 3 2 1 n/a

3. Instructor was prepared and organized? 10 9 8 7 6 5 4 3 2 1 n/a

5. Instructor covered course objectives, as outlined at the start of class? 10 9 8 7 6 5 4 3 2 1 n/a

Facility Evaluation

2. The computers functioned properly? 10 9 8 7 6 5 4 3 2 1 n/a

4. Did you understand what topics would be covered in class, prior to attending the class? 10 9 8 7 6 5 4 3 2 1 n/a

6. Was the registration process handled well? 10 9 8 7 6 5 4 3 2 1 n/a

Comments about the Instructor: Norm was great! Lots of energy & knowledge. Would attend another course with Norm as an instructor.

Comments about the courseware: Pretty good

Comments about the facility: Brown water. No snacks in vending machine.

Comments about the registration procedure (sign-in, confirmation, etc): Didn't print myself

*(optional) if you would like information about special training sessions, please include your email address and name below:

name: JASON R

Post-Class Survey

Instructor's Name: NORM HEBERT Class: EXPLORER 2007

Account Executive's Name: _____ Date: 3/21/02

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and Instructors. Please take a moment to provide us with your comments. Thank you.

1. Instructor demonstrated knowledge of subject material?	10	9	8	7	6	5	4	3	2	1	n/a
3. Instructor was prepared and organized?	10	9	8	7	6	5	4	3	2	1	n/a
5. Instructor covered course objectives, as outlined at the start of class?	10	9	8	7	6	5	4	3	2	1	n/a
Facility Evaluation											
2. The computers functioned properly?	10	9	8	7	6	5	4	3	2	1	n/a
4. Did you understand what topics would be covered in class, prior to attending the class?	10	9	8	7	6	5	4	3	2	1	n/a
6. Was the registration process handled well?	10	9	8	7	6	5	4	3	2	1	n/a

Comments about the Instructor: EXTREMELY KNOWLEDGEABLE

Comments about the courseware: GOOD

Comments about the facility: NEEDS WORK!

Comments about the registration procedure (sign-in, confirmation, etc): GET THE NAMES SPELLED RIGHT !!!

*(optional) if you would like information about special training sessions, please include your email address and name below:

name:

Post-Class Survey

Instructor's Name: Norm Hebert

Class: Implementing Windows 2000 (2087) Clu

Account Executive's Name: _____

Date: 3/21/08

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and Instructors. Please take a moment to provide us with your comments. Thank you.

1. Instructor demonstrated knowledge of subject material?	10	(9)	8	7	6	5	4	3	2	1	n/a
3. Instructor was prepared and organized?	10	9	(8)	7	6	5	4	3	2	1	n/a
5. Instructor covered course objectives, as outlined at the start of class?	(10)	9	8	7	6	5	4	3	2	1	n/a
Facility Evaluation											
2. The computers functioned properly?	10	(9)	8	7	6	5	4	3	2	1	n/a
4. Did you understand what topics would be covered in class, prior to attending the class?	10	(9)	8	7	6	5	4	3	2	1	n/a
6. Was the registration process handled well?	10	9	8	7	6	5	4	3	2	1	(n/a)

Comments about the Instructor: Very knowledgeable of the topics discussed in class

Comments about the courseware: Very easy to follow step by step instructions

Comments about the facility: convenient location

Comments about the registration procedure (sign-in, confirmation, etc): N/A

*(optional) if you would like information about special training sessions, please include your email address and name below:

name:

Post-Class Survey

Instructor's Name: Abigail Hart Class: 2007

Account Executive's Name: _____ Date: 7-21-02

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and Instructors. Please take a moment to provide us with your comments. Thank you.

1. Instructor demonstrated knowledge of subject material?	10	9	8	7	6	5	4	3	2	1	n/a
3. Instructor was prepared and organized?	10	9	8	7	6	5	4	3	2	1	n/a
5. Instructor covered course objectives, as outlined at the start of class?	10	9	8	7	6	5	4	3	2	1	n/a
Facility Evaluation											
2. The computers functioned properly?	10	9	8	7	6	5	4	3	2	1	n/a
4. Did you understand what topics would be covered in class, prior to attending the class?	10	9	8	7	6	5	4	3	2	1	n/a
6. Was the registration process handled well?	10	9	8	7	6	5	4	3	2	1	n/a

Comments about the Instructor: _____

Comments about the courseware: _____

Comments about the facility: Provide students w/
Notebooks, highlighters
Fill SNACK MACHINE

Comments about the registration procedure (sign-in, confirmation, etc): _____

*(optional) if you would like information about special training sessions, please include your email address and name below:

name: _____

Post-Class Survey

Instructor's Name: Norm Hebert Class: 2000 Cluster

Account Executive's Name: _____ Date: 3/21/02

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1. Instructor demonstrated knowledge of subject material?	10	9	8	7	6	5	4	3	2	1	n/a
3. Instructor was prepared and organized?	10	9	8	7	6	5	4	3	2	1	n/a
5. Instructor covered course objectives, as outlined at the start of class?	10	9	8	7	6	5	4	3	2	1	n/a

Facility Evaluation

2. The computers functioned properly?	10	9	8	7	6	5	4	3	2	1	n/a
4. Did you understand what topics would be covered in class, prior to attending the class?	10	9	8	7	6	5	4	3	2	1	n/a
6. Was the registration process handled well?	10	9	8	7	6	5	4	3	2	1	n/a

Comments about the Instructor: _____

Comments about the courseware: _____

Comments about the facility: _____

Comments about the registration procedure (sign-in, confirmation, etc): _____

**(optional) if you would like information about special training sessions, please include your email address and name below:*

name: _____

Post-Class Survey

Instructor's Name: Norm Hebert Class: 2087A

Account Executive's Name: _____ Date: 3-21-02

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and instructors. Please take a moment to provide us with your comments. Thank you.

1. Instructor demonstrated knowledge of subject material?	10	9	8	7	6	5	4	3	2	1	n/a
3. Instructor was prepared and organized?	10	9	8	7	6	5	4	3	2	1	n/a
5. Instructor covered course objectives, as outlined at the start of class?	10	9	8	7	6	5	4	3	2	1	n/a
Facility Evaluation											
2. The computers functioned properly?	10	9	8	7	6	5	4	3	2	1	n/a
4. Did you understand what topics would be covered in class, prior to attending the class?	10	9	8	7	6	5	4	3	2	1	n/a
6. Was the registration process handled well?	10	9	8	7	6	5	4	3	2	1	n/a

Comments about the Instructor: _____

Comments about the courseware: _____

Comments about the facility: lousy coffee, this facility is not very comfortable or conducive to learning.

Comments about the registration procedure (sign-in, confirmation, etc): _____

*(optional) if you would like information about special training sessions, please include your email address and name below:

name: _____

Post-Class Survey

Instructor's Name: Nora Hebert Class: MS Cluster

Account Executive's Name: _____ Date: 3-21-02

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1. Instructor demonstrated knowledge of subject material?	10	9	8	7	6	5	4	3	2	1	n/a
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Facility Evaluation

2. The computers functioned properly?	10	9	8	7	6	5	4	3	2	1	n/a
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6. Was the registration process handled well?	10	9	8	7	6	5	4	3	2	1	n/a

Comments about the Instructor: _____

Comments about the courseware: _____

Comments about the facility: difficult transition to new facility

Comments about the registration procedure (sign-in, confirmation, etc): _____

*(optional) if you would like information about special training sessions, please include your email address and name below:

name: _____

Post-Class Survey

Instructor's Name: NORM HERBERT Class: 2087A

Account Executive's Name: _____ Date: 3/21/2002

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Facility Evaluation											
2. The computers functioned properly?	10	9	(8)	7	6	5	4	3	2	1	n/a
4. Did you understand what topics would be covered in class, prior to attending the class?	10	(9)	8	7	6	5	4	3	2	1	n/a
6. Was the registration process handled well?	10	9	8	(7)	6	5	4	3	2	1	n/a

Comments about the Instructor: _____

Comments about the courseware: _____

Comments about the facility: NEW FACILITY - NEEDS WORK

Comments about the registration procedure (sign-in, confirmation, etc): _____

*(optional) if you would like information about special training sessions, please include your email address and name below:

name: _____