



NSP Student Feedback Questionnaire

“Your opinion is very important to us!”

Date _____ Event _____

Please provide your answer using the following scale.

_____ Strongly Agree (SA) Agree (A) Disagree (D) Strongly Disagree (SD) _____

	(SA)	(A)	(D)	(SD)
1) The event was well run and organized.	[]	[]	[]	[]
2) The instructor/s was prepared and effective.	[]	[]	[]	[]
3) The training material was easy to understand.	[]	[]	[]	[]
4) The course/program’s objectives were explained.	[]	[]	[]	[]
5) I was allowed to demonstrate my new skills.	[]	[]	[]	[]
6) Program specific learning materials were available.	[]	[]	[]	[]
7) The course/program’s objectives were achieved.	[]	[]	[]	[]
8) Instructors obtained good student participation.	[]	[]	[]	[]
9) The event was conducted in a relaxed, positive manner.	[]	[]	[]	[]
10) I would recommend this course/program.	[]	[]	[]	[]

Additional Comments: _____

If you have additional comments regarding this course/program and want to be contacted, put name and contact information below.

Name _____