

# EL-CID Online User Training Survey

Dates of Training: \_\_\_\_\_  
Training Location: \_\_\_\_\_  
Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Organization: \_\_\_\_\_

## Course Material

Information:	<input type="checkbox"/> Great Help	<input type="checkbox"/> Some Help	<input type="checkbox"/> No Help
Technical Value:	<input type="checkbox"/> About Right	<input type="checkbox"/> Too Obscure	<input type="checkbox"/> Too Obvious
Length:	<input type="checkbox"/> Prolonged	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Cursory
Materials:	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate

## Course Presentation

Information:	<input type="checkbox"/> Exhaustive	<input type="checkbox"/> Sufficient	<input type="checkbox"/> Sparse
Sequence:	<input type="checkbox"/> Easy to Follow	<input type="checkbox"/> Difficult to Follow	
Clarity:	<input type="checkbox"/> Coherent	<input type="checkbox"/> Obscure	
Questions:	<input type="checkbox"/> Enough Time	<input type="checkbox"/> Not Enough Time	
Practice:	<input type="checkbox"/> Excessive	<input type="checkbox"/> Sufficient	<input type="checkbox"/> Insufficient
Instructor:	<input type="checkbox"/> Presented Clearly	<input type="checkbox"/> Did not Present Clearly	

Overall Evaluation: ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Remarks/Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_