

# CTI STUDENT FEEDBACK FORM

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Date:  
Instructor(s):

Course:

Please use your experience in your class to rate the following statements. Your feedback will help us to ensure that we continue to meet the needs of our students.

The class objective was clear	disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	agree
		1	2	3	4	5	
The class content supported the objective	disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	agree
		1	2	3	4	5	
The topics were well organized	disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	agree
		1	2	3	4	5	
The class length was appropriate for the material presented	disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	agree
		1	2	3	4	5	
The class materials and handouts were useful	disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	agree
		1	2	3	4	5	
The class activities helped me understand and apply the concepts presented	disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	agree
		1	2	3	4	5	

List 3 concepts you learned in this class that you can immediately use in your life:

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Please provide any additional comment:

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Please provide any comments on the lodging rooms, meeting rooms or dining room and food to notify us of needed repairs or make recommendation that allow us to make your next stay more comfortable.

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