

**CANADIAN INSTITUTE FOR  
NON-DESTRUCTIVE EVALUATION**

**WORKSHOP FEEDBACK FORM**

Workshop: **PT MT RT UT ET**  
(circle appropriate workshop method)

Workshop Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Name: \_\_\_\_\_ CINDE ID: \_\_\_\_\_

Email: \_\_\_\_\_ Paid?:  Invoiced?  Emailed?   
(IN \_\_\_\_\_)  
(-----for office use only-----)

*We appreciate your comments and assistance in helping the Canadian Institute for Non-destructive Evaluation to improve its educational programs.*

1. I took this workshop to: (please select a **or** b)  
a) complete my practical training requirements   
b) prepare for an NRCan certification exam
2. Did you find the training facilities satisfactory? Yes ( ) No ( )  
Comments: \_\_\_\_\_
3. Was there sufficient equipment, accessories and test pieces commensurate with the subject and the time provided? Yes ( ) No ( )  
Comments: \_\_\_\_\_
4. Did the instructor cover the practical aspects of the subject to your satisfaction? Yes ( ) No ( )  
Comments: \_\_\_\_\_
5. Is there any particular area which you feel should be emphasized or expanded upon? Yes ( ) No ( )  
If yes, please specify: \_\_\_\_\_
6. Do you think the workshop should be longer \_\_\_\_\_; shorter \_\_\_\_\_; same \_\_\_\_\_.  
If longer, how long? \_\_\_\_\_. If shorter, by how much \_\_\_\_\_.
7. Did the instructor present the material clearly and in a logical fashion? Yes ( ) No ( )  
Comments: \_\_\_\_\_
8. With which organization did you take theoretical training? \_\_\_\_\_
9. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*Thank you !!!*