

**CANADIAN INSTITUTE FOR
NON-DESTRUCTIVE EVALUATION**

WORKSHOP FEEDBACK FORM

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

Workshop Date: _____

Instructor: _____

Name: _____ Contact ID: _____

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

We appreciate your comments and assistance in helping the Canadian Institute for NDE 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 !!!

