

COMMERCIAL STRUCTURES

Full Legal Name _____

Course Number _____

Date _____

Phone _____

Fax (if applicable) _____

Please fax your test to 416 964-0683 or mail to 120 Carlton St. Suite 407, Toronto, On M5A 4K2

1. a. b. c. d.

11. a. b. c. d.

2. a. b. c. d.

12. a. b. c. d.

3. a. b. c. d.

13. a. b. c. d.

4. a. b. c. d.

14. a. b. c. d.

5. a. b. c. d.

15. a. b. c. d.

6. a. b. c. d.

16. a. b. c. d.

7. a. b. c. d.

17. a. b. c. d.

8. a. b. c. d.

18. a. b. c. d.

9. a. b. c. d.

19. a. b. c. d.

10. a. b. c. d.

20. a. b. c. d.

Commercial Structure

MODULE

EVALUATION FORM

1. How did we do? Please rate us on the following and add any comments or suggestions you like.
2. You can fax or mail this to us. A postage paid envelope is included.
Thanks very much for your help.

Your Name and Student Number _____

	Poor	Fair	Good	Excellent	Not Applicable
1. Topic coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clarity of technical..... information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Illustrations – number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Illustrations – clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Instruction clarity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Videotape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Study Session length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Quizzes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Field Exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Inspection Checklists.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Final Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Technical support.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your comments

