

Cosmetic Therapy Training Center  
Student Survey  
Part 1

Name of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Class: \_\_\_\_\_ Number of terms, quarters, or semesters you have attended? \_\_\_\_\_

Please answer each question. Place a check mark in the column that best describes your opinion.

	Completely Satisfied	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
<b>THE ABILITY OF THE INSTRUCTOR:</b>					
1. To make this course interesting					
2. To make its content understandable					
3. To organize his/her instruction					
4. To motivate you and other students					
5. To stimulate class discussions					
6. To use examples or demonstrations					
7. To use varied teaching approaches					
8. To encourage you to think for yourself					
9. To summarize what has been taught					
<b>PERSONAL QUALITIES OF THE TEACHER:</b>					
10. Sensitivity to students' needs					
11. Sense of humor					
12. Fairness					
13. Voice, speech, appearance					
<b>PHYSICAL ASPECTS OF THE CLASSROOM:</b>					
14. Quality of instructional equipment					
15. Attractiveness, cleanliness of room					
16. Ventilation and climate control					
17. Sufficiency of space per student					

Would you recommend this instructor to a friend? Yes No

Would you recommend this course to a friend? Yes No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name (optional) \_\_\_\_\_

Cosmetic Therapy Training Center  
Student Survey  
Part 11

Name of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Class: \_\_\_\_\_

Please answer each question. Place a check mark in the column that best describes your opinion.

	Completely Satisfied	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
<b>THE OVERALL QUALITY OF:</b>					
1. The instruction you have received					
2. The program you have been taking					
3. The instructional equipment you've used					
4. The school facility					
5. The services provided by other staff					
<b>THE INTEGRITY OF THE SCHOOL:</b>					
6. Recruitment practices you experienced					
7. Recruitment agent which dealt with you					
8. Business practices you have experienced					
9. Administrators you have dealt with					
10. Response to your concerns or complaints					

Would you recommend this instructor to a friend? Yes No

Would you recommend this course to a friend? Yes No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (optional) \_\_\_\_\_