

Ohio Construction Industry Licensing Board
Training Agency Performance Survey

DATE: _____

NAME OF TRAINING AGENCY _____

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|--|------------|-----------|
| 1. WAS CLASS INFORMATIVE & EDUCATIONAL? | YES | NO |
| 2. DID CLASS START ON TIME? | YES | NO |
| 3. DID CLASS END ON TIME? | YES | NO |
| 4. WAS THE MATERIAL COVERED PERTINENT TO YOUR TRADE? | YES | NO |
| 5. DOES THE CLASS NEED IMPROVEMENT? | YES | NO |
| 6. DID YOU HAVE QUESTIONS OR ISSUES THAT WERE NOT RESOLVED? | YES | NO |
| 7. WOULD YOU RECOMMEND THIS CLASS TO ANOTHER CONTRACTOR? | YES | NO |

WHAT DID YOU LIKE MOST ABOUT THE CLASS?

WHAT DID YOU NOT LIKE ABOUT THE CLASS?
