



SDI INVITES YOU TO EVALUATE YOUR COURSE:

Dear Diver,

Congratulations on your recent certification! SDI strives to provide the best education and materials in the business. By completing this course evaluation you will be helping us maintain SDI's high standards and quality.

Thank you for your co-operation,
Sincerely,

Brian Carney, President

DIVER COURSE STUDENT EVALUATION QUESTIONNAIRE:

Name			Instructor's Name	
Address			Facility's Name	
City	State	Zip	Location	
Telephone			Name of Course	
Fax			Course Start Date	
E-mail			Certification Date	

Please answer the following questions about your course:

Training Materials and Aids

1. What SDI course did you enroll in?
2. Did you use SDI course material during the course? Yes , No
If "No" what manual did you use?
3. Did you use a dive computer throughout the duration of the course? Yes , No
If "Yes" which one?

Academic Evaluation

4. How did your instructor evaluate your academic knowledge?
5. Did your Instructor cover all the points in the course manual? Yes , No

Rate your overall satisfaction with the course from 1 to 5

1-Very Dissatisfied; 2-Somewhat Dissatisfied; 3-Neither Satisfied nor Dissatisfied; 4-Somewhat Satisfied; 5-Very Satisfied

How satisfied were you with:

- | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. The quality of the SDI course materials. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Your instructor knowledge of the course and material. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Your instructor's responsiveness to your question and needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How many dives did you make in your course? | _____ | | | | |
| 5. What was the maximum depth you reached during the diving portion of the course? | _____ | | | | |
| 6. Would you recommend this SDI course to a friend? | No <input type="checkbox"/> , Yes <input type="checkbox"/> | | | | |
| 7. Would you enroll in another SDI course? | No <input type="checkbox"/> , Yes <input type="checkbox"/> | | | | |

Please feel free to add any comments or suggestions: