

## After-Course Survey

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**Purpose of survey** It has been about three months since you completed the course, *The Competent Instructor* (TCI). We are interested in how it has affected your instructional performance.

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**Directions** After [*insert date here for 90 workdays after date on which the course ends*], please complete this survey, and mail it to:  
[ *Insert return address here.* ]

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1.0 We designed this course (TCI) for technical experts who are new to instructing, *or* for technical instructors who want to learn advanced teaching skills. What course experiences have you had since you completed TCI?

*Check all that apply:*

- I am totally new to instructing.
- I have never formally conducted a course of instruction.
- I conducted one course of instruction once.
- I have taught one course more than twice.
- I have taught several different courses.
- I have taught many courses repeatedly.

2.0 After you completed the TCI course, how soon did you begin using what you learned?

- I have not used any of it yet.
  - Within 3 days
  - Within 3 weeks
  - Within 3 months
  - I don't plan to use any of it, because \_\_\_\_\_
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3.0 Whom have you told about this course?

Check or complete any that apply:

- Co-worker(s)
  - My manager(s)
  - Person(s) outside my work site.
  - Other \_\_\_\_\_
- 

More...

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4.0 Who initiated your enrolling in TCI course?

- I did it myself.
  - A manager or supervisor recommended that I enroll.
  - I and my manager negotiated it as part of career plans.
  - A co-worker who took the course suggested it.
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5.0 What are your top three strengths for instructing now?

*List three in top-down priority:*

5.1 \_\_\_\_\_

5.2 \_\_\_\_\_

5.3 \_\_\_\_\_

What else do you need now for instructing effectively?

*List three in top-down priority:*

5.4 \_\_\_\_\_

5.5 \_\_\_\_\_

5.6 \_\_\_\_\_

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More...

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6.0 What do you suggest to improve TCI course?

6.1 Course content \_\_\_\_\_

\_\_\_\_\_

6.2 Course process \_\_\_\_\_

\_\_\_\_\_

6.3 Instructor actions \_\_\_\_\_

\_\_\_\_\_

6.4 Student actions \_\_\_\_\_

\_\_\_\_\_

**Action  
required**

Please fill in today's date. Your name is optional.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

**Please mail to [Insert return address here.].**

**Thank you for your comments. Quality never stops.**

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End