

# HEALTH PROFESSIONS EDUCATION CENTER

## SURVEY

morning    afternoon    evening

When are the majority of your classes? \_\_\_\_\_

Quality of Service	Excellent	Good	Average	Below Average	Poor
Courteously greeted at front desk					
Promptness of service					
Helpfulness of our staff					
Professionalism of our employees					
How effective were we at resolving your problems?					
Effectiveness of training in Smart/Enhanced Classrooms					

Enhanced/Smart Classrooms	Excellent	Good	Average	Below Average	Poor
Was the equipment clean and ready to use?					
Did the equipment work properly?					
Please rate our response time, if you experienced an equipment problem.					

Outgoing Equipment	Excellent	Good	Average	Below Average	Poor
Was the equipment clean and ready to use?					
Did the equipment work properly?					

**Additional comments:**

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

Thank you for your feedback. We sincerely appreciate your honest opinion and will take your input into consideration while providing services in the future.