

SCS Continuing Education: TEST and COURSE EVALUATION FORM

Name: _____ Florida DOH License #: _____

Address: _____ Date: _____

Email: _____

Anatomy and Radiography of the Ankle, Foot and Toes course

Please "X" over the correct answer:

- | | | |
|-------------|-------------|-------------|
| 1. A B C D | 26. A B C D | 51. A B C D |
| 2. A B C D | 27. A B C D | 52. A B C D |
| 3. A B C D | 28. A B C D | 53. A B C D |
| 4. A B C D | 29. A B C D | 54. A B C D |
| 5. A B C D | 30. A B C D | 55. A B C D |
| 6. A B C D | 31. A B C D | 56. A B C D |
| 7. A B C D | 32. A B C D | 57. A B C D |
| 8. A B C D | 33. A B C D | 58. A B C D |
| 9. A B C D | 34. A B C D | 59. A B C D |
| 10. A B C D | 35. A B C D | 60. A B C D |
| 11. A B C D | 36. A B C D | |
| 12. A B C D | 37. A B C D | |
| 13. A B C D | 38. A B C D | |
| 14. A B C D | 39. A B C D | |
| 15. A B C D | 40. A B C D | |
| 16. A B C D | 41. A B C D | |
| 17. A B C D | 42. A B C D | |
| 18. A B C D | 43. A B C D | |
| 19. A B C D | 44. A B C D | |
| 20. A B C D | 45. A B C D | |
| 21. A B C D | 46. A B C D | |
| 22. A B C D | 47. A B C D | |
| 23. A B C D | 48. A B C D | |
| 24. A B C D | 49. A B C D | |
| 25. A B C D | 50. A B C D | |

Please take a moment to fill out this brief course evaluation survey.

Was the course easy to navigate through? ___ YES ___ NO

If NO, please explain what changes could be made:

Was the information presented in a way that was easy to understand? ___ YES ___ NO

If NO, please explain what changes could be made:

Overall, were you satisfied with the course? ___ YES ___ NO

Would you be interested in other courses offered by SCS Continuing Education? ___ YES ___ NO

Please feel free to make other comments or suggestions:

Thank you for choosing SCS Continuing Education!