

American Academy McAllister Institute of Funeral Service

619 West 54th Street
New York, NY 10019

Fax Form to: 212-765-5923, **or Email Form to:** info@aami.edu

Course Title: “ _____ ”

Instructor: _____

Date: _____

Various Departments of Health, Funeral Directing Bureaus, and the Academy of Professional Funeral Service Practice requires that we collect and maintain feedback from those attending on site classes. Please answer the 5 questions you will find below. We take your opinions seriously and thank you for your input.

1. Did you find the material presented may be useful to your professional life?

Yes____ No____

2. Do you think that the instructor made the material interesting and relevant?

Yes____ No____

3. Do you plan to use this material to enrich your professional knowledge?

Yes____ No____

4. If technology was used in this presentation, did it enrich the presentation?

Yes____ No____ Not Used____

5. Would you take additional required CEU classes with AAMI, if and when they are available?

Yes____ No____

Please explain. _____

Are there any relevant topics you might want to see presented in upcoming classes? Use the lines provided below to share your ideas with us. We will find appropriate professionals to assist in this preparation of this presentation.

Name (optional) _____

Thank you for spending your time with us. Please get home safely!