



Student Feedback Form

In an effort to improve the services that we provide to you please fill in this evaluation form by rating this unit/course from your experience.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The objectives of the training were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The resources material was well organised & easy to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel enough time was provided to complete activities and to ask questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. There was enough information in the training for me to use in my work and or build my skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participation and interaction was encouraged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The trainer kept me aware of where the session was heading and why?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please comment on the following about your Facilitator.
- Information Provided
.....
 - Personality
.....
 - Level of Assistance
.....

8. Did you enjoy today's activities and why?
.....
.....

9. I would recommend this program to other people – Can you please provide us with 3 email addresses or contact numbers you would recommend this program to?
- Name:..... Email:.....
- Name:..... Email:.....
- Name:..... Email:.....

10. Please list one thing you learnt today that you would implement at home or work.
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Testimonial (please write a Statement for our advertising purpose in regards to the course you've completed)

Training Program:
Name (optional): Date:

Thank you for your feedback