

TRAINING EVALUATION & FEEDBACK

Principles of Protective Care & Child Protection (Statement of Attainment)

STUDENT NAME (OPTIONAL): _____

TRAINER: _____

FLEXIBLE DELIVERY OR CLASS BASED (please circle) **VENUE:** _____

START DATE: _____

FINISH DATE: _____

Please rate the following:

Your learning

Goals and expectations met:

Excellent 5 4 3 2 1 Unsatisfactory

Increased understanding of protective care & child protection:

Excellent 5 4 3 2 1 Unsatisfactory

New skills acquired:

Excellent 5 4 3 2 1 Unsatisfactory

Content

Theoretical input:

Excellent 5 4 3 2 1 Unsatisfactory

Practical demonstration:

Excellent 5 4 3 2 1 Unsatisfactory

Personal experiential and reflection work:

Excellent 5 4 3 2 1 Unsatisfactory

Group experience:

Excellent 5 4 3 2 1 Unsatisfactory

Trainer

Presentation of theoretical material:

Excellent 5 4 3 2 1 Unsatisfactory

Ability to model concepts presented:

Excellent 5 4 3 2 1 Unsatisfactory

Response to student issues:

Excellent 5 4 3 2 1 Unsatisfactory

PTO

Please use this page for other comments or feedback you may wish to contribute: