

TRAINING EVALUATION & FEEDBACK

STUDENT NAME (OPTIONAL):

COURSE:

TRAINER:

VENUE:

START DATE:

FINISH DATE:

Please rate the following:

Your learning

Goals and expectations met:

Excellent	5	4	3	2	1	Unsatisfactory
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Increased understanding of course subject matter:

Excellent	5	4	3	2	1	Unsatisfactory
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New skills acquired:

Excellent	5	4	3	2	1	Unsatisfactory
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Course content

Theoretical input:

Excellent	5	4	3	2	1	Unsatisfactory
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Practical demonstration:

Excellent	5	4	3	2	1	Unsatisfactory
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Personal experiential and reflection work:

Excellent	5	4	3	2	1	Unsatisfactory
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Group experience:

Excellent	5	4	3	2	1	Unsatisfactory
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Trainer performance

Presentation of theoretical material:

Excellent	5	4	3	2	1	Unsatisfactory
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Ability to model concepts presented:

Excellent	5	4	3	2	1	Unsatisfactory
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Response to student issues:

Excellent	5	4	3	2	1	Unsatisfactory
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PTO

Venue and setup

Resources (handouts, training materials etc):

Excellent	5	4	3	2	1	Unsatisfactory
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Facilities:

Excellent	5	4	3	2	1	Unsatisfactory
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Refreshments and breaks:

Excellent	5	4	3	2	1	Unsatisfactory
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Specific comments

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