



**GENERAL INFORMATION**

Name of Facilitator/Trainer \_\_\_\_\_ Date: \_\_\_\_\_

Course: \_\_\_\_\_ Location: \_\_\_\_\_

**GUIDELINES FOR STUDENTS**

The results of this evaluation form will be used to improve the overall quality of our training. Your name is not required.

Based on your experience of the delivery of this course, provide a rating for each of the aspects listed using the following scale:

1 = Not applicable      2 = Strongly disagree      3 = Disagree      4 = Agree      5 = Strongly agree

ASPECTS OF TRAINING	1	2	3	4	5
<b>Administration</b> The course information and outline provided was clear and useful to me.					
<b>Intellectual Challenge</b> The course was challenging. The activities used and materials provided helped me to understand what I needed to learn.					
<b>Stimulation of interest in subject matter</b> The facilitator was enthusiastic and made the course interesting. They encouraged me to participate in all written and practical activities which helped me to learn.					
<b>Assessment</b> I was ready for the assessment activity.					
The assessment activities were clearly explained.					
<b>Value of course</b> The course provided me with skills and knowledge which I will be able to use.					
<b>Demonstration of concern and respect for students</b> The facilitator showed concern and respect for all participants and their individual learning needs throughout the course.					
<b>Overall effectiveness of the facilitation</b> The facilitator met my expectations.					
<b>Overall effectiveness of the course</b> As a result of the training I am now confident that I can perform in this area.					

Please add additional feedback and/or comments which could assist in improving our training:

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**Thank you for your comments**