



Thank you for your attendance at the course. We welcome feedback in order to maintain a high standard of delivery and client satisfaction. Please complete this evaluation form.

COURSE:	
DATE:	
TRAINER:	

Please indicate below your satisfaction with each criterion
(Circle the number that closely describes your response)

	DISAGREE					AGREE	
The training related closely to my work	0	1	2	3	4	5	
I felt confident that I achieved the training requirements	0	1	2	3	4	5	
The resource materials were appropriate for the program	0	1	2	3	4	5	
There was sufficient variety of resource materials used	0	1	2	3	4	5	
Group discussions were interesting and helpful	0	1	2	3	4	5	
There was an appropriate range of training activities	0	1	2	3	4	5	
The number of sessions was appropriate	0	1	2	3	4	5	
Please rate the presenter:							
The presenter was knowledgeable in subject area	0	1	2	3	4	5	
The presenter used an interesting method of delivery	0	1	2	3	4	5	
The presenter used good examples and diagrams	0	1	2	3	4	5	
The trainer involved participants actively in the training	0	1	2	3	4	5	
Questions were well answered	0	1	2	3	4	5	
Please rate the facilities:							
The training venue was appropriate	0	1	2	3	4	5	

The pace of the program was:

Too Fast:		Too Slow:		Adequate:	
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Circle the number below to show your *ability* BEFORE and AFTER the course.

	Little or no ability					Excellent ability					
BEFORE the course	0	1	2	3	4	5	6	7	8	9	10
AFTER the course	0	1	2	3	4	5	6	7	8	9	10

If you wish to add extra comments, please do here:

Note: the following information is optional

Name: _____ Phone: _____