



Participant Evaluation Form

Season: 2016/17
Date Revised: September 2015
Version No: 5.0

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, please provide a rating for each of the aspects stated.

GENERAL INFORMATION			
Course Name		Course Start Date	
Location			
Name of Trainer(s)			
Name of Assessor(s)			

	Strongly Agree	Agree	Disagree	Strongly Disagree
Pre-course information				
Information provided before the course was clear and useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The course covered what I expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was clear from the start what was expected of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course delivery				
The activities used and materials provided helped me to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer was enthusiastic and made the course interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The trainer encouraged me to participate in all activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment				
I was ready for all assessment activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment activities were clearly explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Assessor provided me with constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The assessment was a fair test of my knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcomes				
The course provided me with the knowledge and skills I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of the course, I am now confident in my abilities in this area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General comments / feedback
Please include here any additional feedback / comments which could assist in improving our training: