

STUDENT FEEDBACK AND EVALUATION

Trainer's Name: _____

Unit / Class: _____

Trainer, Content & Facilities

	Excellent	V. Good	Good	Average	Poor
<i>Was the course well organized?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Were the training outcomes clearly explained?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Was the trainer responsive to your needs?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Was the content delivered and demonstrated in a clear manner?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Did the trainer established and maintain a supportive learning environment?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Was the assessment fair and easily understood?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Were the training facilities clean & organized?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, did you benefit and were your objectives met? If not, how do you think that we could structure the course to meet your objectives?

Other Comments

Signature of the College Representative: _____ Date: _____

Student Feedback and evaluation	Version: 15.0	Issue Date: 06 July 2023	Review Date: 01 July 2024
Managed By: VET Coordinator	Authorized By: CEO		Page 1 of 1