

## STUDENT FEEDBACK AND EVALUATION

Trainer's Name: \_\_\_\_\_

Unit / Class: \_\_\_\_\_

### Trainer, Content & Facilities

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

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### Other Comments

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Signature of the College Representative: \_\_\_\_\_ Date: \_\_\_\_\_