

## 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"/>				
<i>Were the training outcomes clearly explained?</i>	<input type="radio"/>				
<i>Was the trainer responsive to your needs?</i>	<input type="radio"/>				
<i>Was the content delivered and demonstrated in a clear manner?</i>	<input type="radio"/>				
<i>Did the trainer established and maintain a supportive learning environment?</i>	<input type="radio"/>				
<i>Was the assessment fair and easily understood?</i>	<input type="radio"/>				
<i>Were the training facilities clean &amp; organized?</i>	<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:** \_\_\_\_\_

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Managed By: VET Coordinator	Authorized By: CEO		Page 1 of 1