RHODES COLLEGE

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CRICOS Provider Code: 02992E
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STUDENT FEEDBACK AND EVALUATION

Trainer's Name: _____ *Unit / Class:* _____

Trainer, Content & Facilities

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

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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_____

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_____

Other Comments

_____

_____

_____

Signature of the College Representative: _____ **Date:** _____