Training Evaluation Form

Thank you for taking the time to complete this form, your feedback is important as efiL mission is to equip you to fulfil your potential. As such high quality training is important and your evaluation of this course can help us do this.

Course Title			
Start Date		**Trainer(s)**	
Your Name		**Trainer(s)**	

Please circle the score that most closely represents your views and comment as fully as possible on all relevant items. All responses will be treated in confidence.

GENERAL

To what extent have your personal objectives for this course been achieved?

Fully 4 3 2 1 Not at all

If you have scored 2 or 1, please comment why you have given this rating.

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To what extent has your understanding of the subject improved or increased as a result of the training?

A lot 4 3 2 1 A Little

If you have scored 2 or 1, please comment why you have given this rating.

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Would you recommend colleagues with similar needs, to attend this course?

Definitely 4 3 2 1 Unlikely

If you have scored 2 or 1, please comment why you have given this rating.

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TRAINER EVALUATION

Please rate the trainer for each aspect below: -

	Very Effective	Effective	Not Very Effective	Ineffective
• Knowledge of subject	4	3	2	1
• Organisation & preparation	4	3	2	1
• Preparation	4	3	2	1
• Style and deliver	4	3	2	1
• Responsiveness to the groups needs	4	3	2	1
• Creating a good learning environment	4	3	2	1

CONTENT

What are views on the quality of the handouts provided?

Excellent 4 3 2 1 Poor

What are your views on the quality of the visual aids used?

Excellent 4 3 2 1 Poor

Are there any other comments about the training event that you would like to make?

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Thank you once again for you time in completing these questions.