

L10: Evaluation Form

Evaluating your Course






It would be really helpful if you could spend some time answering these questions to let us know what you really think about the course, so we can make things better in the future.

NAME (optional):- _____

COURSE:- _____






DATE:- _____

1. **What did you think of the course today?**
(Please tick)

				
Great	Good	Ok	Bad	Very Bad

Any other comments:-

2. **What did you think of the trainer today?**
(Please tick)

				
Great	Good	Ok	Bad	Very Bad

Any other comments:-

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3. What do you think of the location and the venue?

4. What did you think of the food?

5. What have you learnt from this course?

6. Has anything changed for you as a result of doing this course?

7. What did you enjoy the most on the course?

8. How can we improve the course for next time?

9. Would you recommend this course to your friends?
(Please tick)

Yes	No
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