Very poor

5

## **Evaluation Form**

| Name  |     |           |      |              |      |           |
|---|-----|-----------|------|--------------|------|-----------|
| Course date   |     |           |      |              |      |           |
| Location  |     |           |      |              |      |           |
|   |     |           |      |              |      |           |
| Course aspect                                       |     | Very good | Good | Satisfactory | Poor | Very poor |
| Location and facilities                             |     |           |      |              |      |           |
| Presentation / Materials                            |     |           |      |              |      |           |
| Content   |     |           |      |              |      |           |
| Course achieving objectives                         |     |           |      |              |      |           |
| Relevancy to your job                               |     |           |      |              |      |           |
| Further information /<br>Comments                   |     |           |      |              |      |           |
|   |     |           |      |              |      |           |
| Which aspects of the course were useful? Why?       |     |           |      |              |      |           |
| Which aspects of the course were least helpforward. | ul? |           |      |              |      |           |

What is your general assessment of this training course (circle the appropriate grade)

3

4

2

Very good

1