**COURSE EVALUATION FORM**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Were the goals/objectives of the training clearly defined at the start of the course?**

* Yes
* To Some Extent
* No
* Don’t Know

**Do you feel confident that this course has helped you to gain new skills?**

* Yes
* To Some Extent
* No
* Don’t Know

**Was the course effective in communicating information on the training topic?**

* Yes
* To Some Extent
* No
* Don’t Know

**Did you feel supported throughout this training?**

* Yes
* To Some Extent
* No
* Don’t Know

**Did you feel comfortable asking questions in relation to the course content or materials?**

* Yes
* To Some Extent
* No
* Don’t Know

**Did you get the answers you needed to these questions?**

* Yes
* To Some Extent
* No
* Don’t Know

**Do you know where to get additional resources in relation to this course topic?**

* Yes
* To Some Extent
* No
* Don’t Know

**Was the trainer well prepared?**

* Yes
* To Some Extent
* No
* Don’t Know

**Was the trainer knowledgeable on the topic?**

* Yes
* To Some Extent
* No
* Don’t Know

**Was the trainer open to feedback?**

* Yes
* To Some Extent
* No
* Don’t Know

**Was the LMS platform engaging and easy to use?**

* Yes
* To Some Extent
* No
* Don’t Know

**Were there any technical issues, like an answer not being saved, that contributed to feelings of frustration with the experience?**

* Yes
* To Some Extent
* No
* Don’t Know

**Were there any incompatibility issues between the platform and your operating system/web browser?**

* Yes
* To Some Extent
* No
* Don’t Know

**Did you feel like the training was longer than it needed to be?**

* Yes
* To Some Extent
* No
* Don’t Know

**Were there sections of the training that seemed unnecessarily repetitive?**

* Yes
* To Some Extent
* No
* Don’t Know

**Were there any elements of the training that you felt weren’t relevant?**

* Yes
* To Some Extent
* No
* Don’t Know

**How relevant was the course content to your role and/or professional development?**

* Yes
* To Some Extent
* No
* Don’t Know

**Would you recommend this course to others?**

* Yes
* To Some Extent
* No
* Don’t Know

**Please share more information on the questions you responded to with “No” or “To some extent” or “Don’t know”.**

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**Share the three most important things you learned from this course.**

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**How do you think we can improve this training course to make it more relevant for future trainees?**

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