

COURSE EVALUATION FORM

Course/Unit Name: _____ Date: _____

Company Name (optional): _____

Please answer the following questions *where applicable* to your course and tick the option that best represents your response.

1. Course/Unit Content & Structure					
		Strongly Agree	Agree	Disagree	Strongly Disagree
1.1	Course learning outcomes were clearly stated.				
1.2	I understand the content of this training session.				
1.3	The course sequence was easy to follow.				
1.4	Sufficient time was allowed for each topic.				
1.5	The course content has prepared me well for work.				
1.6	The training had a good mix of theory and practical.				

2. Delivery Methods					
		Strongly Agree	Agree	Disagree	Strongly Disagree
2.1	The electronic media used in the presentation assisted to better my learning and understanding.				
2.2	The delivery methods were suitable for the content of this training.				
2.3	The delivery methods assisted my learning and understanding.				
2.4	The method used by the instructor made the content clear and easy to understand.				

3. Training Activities					
		Strongly Agree	Agree	Disagree	Strongly Disagree
3.1	The group activities encouraged my participation.				
3.2	The activities increased my learning.				
3.3	There were sufficient activities in the session.				
3.4	The method of assessment was a fair test of my skills and knowledge.				

Would you recommend IFAP courses to others? Yes No

“Please turn over”

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4. Instructor/Facilitator					
		Strongly Agree	Agree	Disagree	Strongly Disagree
4.1	The instructor's enthusiasm about the subject kept my interest during the course.				
4.2	The instructor presented the content clearly and was easy to understand.				
4.3	The instructor effectively used the training materials to assist my learning.				
4.4	The instructor identified real world examples that assisted my learning, or was able to contextualise the information to make it more relevant to my workplace.				

5. Training Environment and Administration					
		Strongly Agree	Agree	Disagree	Strongly Disagree
5.1	The venue provided a good learning environment.				
5.2	The process for enrolling in this course was easy to complete.				
5.3	The catering arrangements were sufficient and of a good standard.				
5.4	The training organisation had a range of services to support learners.				
5.5	The training organisation staff respected my background and needs.				

Your feedback is important to us. Please let us know how we may further improve our services.

How did you hear about the course/unit?

- | | | |
|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> My Employer | <input type="checkbox"/> IFAP Yearbook | <input type="checkbox"/> IFAP Website |
| <input type="checkbox"/> IFAP Extra | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Other |

Thank you for your feedback.

FOR OFFICE USE ONLY		
Department <input type="checkbox"/> OSH <input type="checkbox"/> SKILLS <input type="checkbox"/> OSS <input type="checkbox"/> OTHER _____		
Date	Name of Facilitator	Manager
Action Req'd		
_____ _____ _____		
Action owner		
Follow up Req'd	<input type="checkbox"/> No <input type="checkbox"/> Yes _____	
_____ _____		
Complete and closed		