Student Feedback Questionnaire & Evaluation Sheet

Workshop (Title):.............................................. Presenter:.....................................................

Date:................................. Location:..............................................................

Your Name
(Optional):..................................................

We value your views & comments on how the course may be improved. Please respond to the following statements by marking the box that represents your level of agreement.

<table>
<thead>
<tr>
<th>1 = Strongly disagree</th>
<th>2 = Disagree</th>
<th>3 = Not sure</th>
<th>4 = Agree</th>
<th>5 = Strongly agree</th>
</tr>
</thead>
</table>

1.0 Content
1.1 The workshop was relevant to my needs
1.2 The content helped me to understand more about what my employer would expect
1.3 I have gained new knowledge that I can apply in my current job or intended career path.

2.0 Presentation
2.1 The instructor presented information in a way that helped me to learn.
2.2 The instructor encouraged involvement & listened to what was said by the participants.
2.3 The time allocated was sufficient for me to learn what was presented.
2.4 The learning material was helpful & easy to use.

3.0 Administration
3.1 I was notified in sufficient time & provided with information about the course prior to attendance.
3.2 The facilities were comfortable & suitable for the type of training

General comments: Please write any other comments you may have regarding the course (What you thought, What you felt, What you learned – good & bad features)

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