



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.

| | | | | |
|-----------------------|--------------|--------------|-----------|--------------------|
| 1 = Strongly disagree | 2 = Disagree | 3 = Not sure | 4 = Agree | 5 = Strongly agree |
|-----------------------|--------------|--------------|-----------|--------------------|

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.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| | | | | |
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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.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

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

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
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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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