



Course Evaluation Form

Course Title:

Date:

Your Name:

Your Phone No:

Your Organisation:

Instructor Name:

Your Email Address:

THE COURSE:

	← Strongly Agree	Agree	Strongly Disagree →
It taught you new concepts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It moved at an acceptable pace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It met your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was relevant to your objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THE INSTRUCTOR:

Had good product knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained concepts well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance of theory / practical good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presented the subject well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to participate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good communicator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FACILITIES / MATERIALS:

Venue was comfortable and appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment was suitable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refreshments / breaks good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation provided suited?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give your rating for this course out of 10: (10 being the highest)

/ 10

Please add any general comments: