

Course Evaluation Form – On-site

Your feedback is invaluable in ensuring that our training service maintains its high standard. It also gives us the opportunity to address any concerns you may express. Can you please spend a few minutes completing this form.

Name:	LEEANNE	Date:	02/11
Company:	RAH	Ph:	0439 887 051
Instructor:	ANDREW THIEL	Course:	ADOBE

If you would like to be kept up to date and receive our course schedule along with any special offers, please provide your email address:

Email:

Please circle your ratings on the following questions

	← Poor					Excellent →
1. Instructor's presentation	1	2	3	4	5	6
2. Instructor's knowledge	1	2	3	4	5	6
3. Attention to individual participants	1	2	3	4	5	6
4. Opportunities to participate	1	2	3	4	5	6
5. Documentation provided	1	2	3	4	5	6

Did the training meet your expectations? HAD NO EXPECTATIONS

Have you any suggestions where improvement can be made? —

Are there any other courses you may be interested in attending? —

General comments..... VERY INFORMATIVE, ENERGETIC &
ENJOYABLE

☐ Please do not use these comments for marketing purposes