



TRAINING EVALUATION FORM

Name of course: _____

Course dates Start/...../..... - Finish/...../.....

Name of Trainer _____

Please tick the box that best describes how you feel about each statement

	Strongly Agree	Agree	Disagree	Strongly Disagree
The course presentation was clear and easy to follow.				
The Trainer was interested in my progress.				
The Trainer was easy to approach.				
The Trainer was well organized.				
The Trainer knew the subject matter very well.				
The equipment and resources used in the course was up-to-date and appropriate for the training being undertaken.				
The course material/notes were useful.				
The course contained enough practical (hands-on) content.				
The training venue was adequate.				
The unit outcomes have been achieved.				
Do you believe that the course has created positive pathways either into employment, further education or personal development?				

If you had the opportunity what would you change within the course?

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What did you find the most interesting or challenging?

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Would you enroll in another course with Swann College YES NO

Thank you for taking the time to complete our evaluation form. Your comments are extremely important to us in maintaining quality training.

Your name and contact details (optional)

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Date: