



## Training Evaluation Form

Please fill in the below form honestly. We thank you for taking the time to complete our evaluation form. Your comments and feedback are extremely important to us in maintaining quality training.

<b>Name(optional):</b>					
<b>Name of course:</b>					
<b>Course details:</b>	<b>Start date:</b>		<b>Finish date:</b>		
<b>Trainers name:</b>		<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
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?					
<b>If you had the opportunity what would you change within the course?</b>					
<b>What did you find the most interesting or challenging?</b>					
<b>Would you enrol in another course with Swann College</b>			<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
				<input type="checkbox"/>	