

P C Users Group(ACT) Inc - COURSE EVALUATION - Hirer

Your answers to the following questions will enable us to provide better Training Services.

Name of Course:
Date of Course:
Name of Trainer:.....
Name of Hirer:

Training Venue

Was the software installed correctly?.....
Were all computers functional?
Were aids available (projector, audio, whiteboard markers etc)?.....
Was the room temperature comfortable?
Were refreshments (tea, coffee, milk, sugar, biscuits) available?.....
Were the room, the equipment and the furniture all clean?.....
Was the lighting in the room and access areas satisfactory?
Was access satisfactory and safe?.....
Did the venue represent good value for money?.....
Comment:

Training Material

What training materials did you use?
 self-paced Trainer prepared other PCUG prepared other
Comment on quality and suitability:

Students

How many students attended?Failed to attend?
Were there any problems with any student you think we should know about?.....
Comment:

Coordination

Did you receive the Trainer's Pack?
Were you reminded of your commitment within one week of the course?.....
Did you have sufficient information? (eg. passwords, work file areas on disk clearly indicated).....
Did you receive any expected course material? Was it timely?.....
Was communication with your co-ordinator effective?
Were the PCUG support staff helpful when called upon?.....
Do you consider the Facility and Service suitable for other non-profit organisations?
Do you see any problems the training team or the Committee should know about?

Improvement Suggestions

Do you have any suggestions for improving anything else not stated above?

Please return the completed evaluation with the Trainer's Pack to the Staffer's desk