

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

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

Name of Course:

Date of Course:

Name of Trainer:.....

Course Objectives

Did the course met the objectives set out in the Course Notice?

Comment if not

Did the course meet your objectives?

Comment if not

Did you feel you had enough prior knowledge to get the full benefit from the course?

Course Rating

Please circle your rating for the following:

	Very Poor	Poor	OK	Good	Very Good
▪ Was the course value for money overall?	1	2	3	4	5
▪ What was the quality of course material?	1	2	3	4	5
▪ What was the quality of presentation?	1	2	3	4	5
▪ How do you rate the training room environment ?	1	2	3	4	5
▪ How do you rate the available facilities?	1	2	3	4	5
▪ How do you rate your learning from the course?	1	2	3	4	5

Training Venue

Was your computer fully functional?.....

Were the Training Aids satisfactory (projector, sound, whiteboards etc)?.....

Was the temperature comfortable?

Were refreshments (tea, coffee, milk, sugar, biscuits) available?.....

Were the room, equipment and furniture clean?.....

Was lighting in the room and access areas satisfactory?.....

Was access satisfactory and safe?.....

Comment:

Coordination

How did you learn about the course?

Were there any problems in booking or paying for the course?

Were there any other problems the training team or the Committee should know about?.....

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Additional Training

What other Training Courses and at what Levels might you be interested in attending?

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Thank you for taking the time to complete the evaluation.