



COURSE EVALUATION FORM

Thank you for attending this course!

As part of our ongoing commitment to Quality, we welcome any suggestions or comments you may wish to make about this course.

We would appreciate you taking the time to complete this brief questionnaire to provide us with your valuable feedback.

For each point, please circle your opinion, where **1 = Poor** and **5 = Excellent**

COURSE TITLE:

COURSE NUMBER:

COURSE VENUE:

Appropriateness of venue	1	2	3	4	5
Comfort	1	2	3	4	5

COURSE CONTENT:

Interest	1	2	3	4	5
Relevance	1	2	3	4	5
Value	1	2	3	4	5
Content	1	2	3	4	5

INSTRUCTOR:

Subject Knowledge	1	2	3	4	5
Delivery of Information	1	2	3	4	5



Was the time allowed for the course adequate for its purposes? If no, how many days do you think this course should be run over?

Yes

No

No. of days: _____

Were there any elements of the course that you would have like covered in greater detail?

Was there any material you think could have been omitted?

What is your overall impression of the course?

1

2

3

4

5

Please use the space below to record any comments on how we might improve future courses.

NAME: (optional) _____