# COURSE EVALUATION FORM

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| --- | --- | --- | --- |
| **Course:** |  | **Trainer(s)/ Facilitator(s):** |  |
| **Location:** |  | **Date:** |  |

It is important for IAS Training to quickly identify areas of improvement. We wish to identify improvements. This feedback helps us improve our training delivery. Please complete the form and leave it on your table at the end of the training session. It will be collected up by the training facilitator and forwarded to the IAS Training Manager. Help us serve you better.

| Item | Met Participant Needs? |
| --- | --- |
|  | 1 No | 2 | 3OK | 4 | 5 Yes |
| Course Objectives: | *√ as appropriate below* |
| Were you given the opportunity to help define them? |  |  |  |  |  |
| Were they well defined? |  |  |  |  |  |
| Were they achieved? |  |  |  |  |  |
| Course Content: |  |  |  |  |  |
| Was the material appropriate? |  |  |  |  |  |
| Complexity (1=too complex or too simple🡨🡪Perfect=5) |  |  |  |  |  |
| Was the material clear to you? |  |  |  |  |  |
| Volume (1=too much or not enough🡨🡪Perfect=5) |  |  |  |  |  |
| Did the handouts fit with this training - did they help? |  |  |  |  |  |
| Trainer/Facilitator Methods: |  |  |  |  |  |
| Did the trainer/facilitator allow sufficient discussion? |  |  |  |  |  |
| Did the trainer/facilitator encourage participation? |  |  |  |  |  |
| Did the trainer/facilitator help bring out new group ideas? |  |  |  |  |  |
| Did the trainer/facilitator help close out discussions? |  |  |  |  |  |
| Would you accept this trainer/facilitator again? |  |  |  |  |  |

Other comments:

Name (Optional):