



Date ____/____/____

Many thanks for attending the _____ course.

To help us assess our courses we would appreciate you taking a few minutes of your time to complete this questionnaire.

Please tick the boxes that best represent your views (?) and add any relevant comments.

1. Reason for taking the course:

- a) Required by Employer?
- b) General Interest?
- c) General Education Requirement?
- d) Other (please specify) _____

2. How useful were the presentations/activities/workshops?

- a) Very useful?
- b) Fairly useful?
- c) Not at all useful?

3. Please rate the length of the course:

- a) Just right?
- b) Too long?
- c) Too short ?

4. Please rate the venue:

- a) Very good?
- b) Good?
- c) Average?
- d) Poor?

5. In your opinion, was the training room provided appropriately equipped for the course?

- a) Yes?
- b) No?

If no, please provide details: _____

