

# Scouts Canada

## Training Course Evaluation Form

Course Date	
Course Name	
Section Taken	
Training Team Members	

Please rate your Training Course based on the following criterion:

Course Content	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
This course has improved my confidence as a Scouter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learned skills/concepts that I will be able to apply when working in my program/servicing role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This course was relevant to me and my role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training Team	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
The trainers were confident and prepared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The trainers were knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The materials were presented in a way that facilitated learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Impressions	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Overall, this is an excellent course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to attend further Scouts Canada training courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this course to other Scouters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**What have you NOT learned that you needed to or expected to learn during the course?**

**On which topics would you like to receive additional training?**

**Do you have any suggestions for improvement to the course as a whole?**

**I would like someone from my Area or Council to contact me to further discuss this training.**

*If yes, please provide the following:*

Name: \_\_\_\_\_

Group: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

Scouting Role: \_\_\_\_\_

