



## Student COURSE EVALUATION FORM

Thank you for taking the time to complete this feedback form about our services. We value your feedback and will use your responses 'in confidence' to try and improve the services we offer.

Please answer the following questions, these questions have been developed to ensure the learning environment and leaning outcomes we provide are meeting your needs throughout our training and assessment services.

Course/Module name: \_\_\_\_\_

Trainer name:.....

Date: ...../...../.....

Scale	1 Poor	2 Fair	3 Good	4 Very good	5 Excellent
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If any question is not relevant to you please select not applicable (N / A).

Please put a mark in the box you agree with.

<b>How well was your learning experience organised?</b>	1	2	3	4	5	N / A
Well planned and organised?						
Run on time as stated?						
Clear and easy to follow?						
Learning material interesting?						
Documentation and resources well organised?						
Any additional comments						

<b>Was the content of the module?</b>	1	2	3	4	5	N / A
Useful for your course/ work requirements?						
Theory and practical activities well balanced?						
All fitted together well and making sense?						
Challenging enough?						
Relevant to your needs (e.g. Literacy and numeracy)?						
Any additional comments						

<b>Did the assessments of the module?</b>	1	2	3	4	5	N / A
Have clear instructions about what you had to do?						
Assessment tasks challenging enough?						
Assessments marked in good time?						
Comments and feedback on your assessments was helpful?						
Assessments were reflective of what we learnt?						
Any additional comments						

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Your Trainer	1	2	3	4	5	N / A
Well prepared?						
Easy to understand?						
Easy to contact?						
Not too fast or slow?						
Encouraged students to have their say?						
If there were guest lecturers, were they useful?						
Any additional comments						

**Did you find any difficulty to achieve competency of that unit? *Literacy and numeracy etc***

**How did you find the contents or elements of that module relevant to your individual needs?**

**Is there any other training you would like us to conduct? *Please list other training***

**Is there any question(s) you feel should be removed from this evaluation sheet? Why?**

**Is there any question(s) you would like to see included in this evaluation sheet?**

**Any additional comments?**

Thank you once again for taking the time to complete this Evaluation Form.

This Evaluation Form is meant to be part of a dynamic process. We will use this information to assist in the development and improvement of Zarah's courses and services we deliver to you.

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