

TRAINING SERVICES EVALUATION FORM

Please be as frank as possible in completing this form.

Course Title : _____

Course Date(s) : _____

Course Presenter(s) : _____

		<i>Please tick as appropriate</i>	(✓)
1.	Was the course well planned?	Yes	
		No	
2.	Was the course content useful to you on your job?	Very useful	
		Useful	
		Not at the present moment	
		Not at all useful	
3.	Was the course relevant to your work?	Very relevant	
		Relevant	
		Not relevant	
4.	How do you rate the presenter(s) methods of presentation?	Excellent	
		Very good	
		Good	
		Average	
		Below average	
5.	How do you rate the presenter(s) mastery of the subject?	Highly skilled	
		Satisfactory	
		Average	
		Below average	
6.	Did you have enough opportunity for discussion?	Yes	
		No	
7.	Comment on administrative arrangements (programme, registration, venue, lunch etc.)	_____ _____ _____	

		<i>Please tick as appropriate</i>	(✓)
8.	Overall assessment	Very good	<input type="checkbox"/>
		Good	<input type="checkbox"/>
		Fair	<input type="checkbox"/>
		Poor	<input type="checkbox"/>

9. Please list any other accreditation related courses you would like SADCAS to organize.

10. Comments

Name: _____

Signature: _____

Date: _____