

INSTRUCTOR EVALUATION - END OF PROGRAM

Skill Development Coordinator: _____

Region: _____

1. Name of Instructor _____

2. Name of Workplace Education Program _____

3. Start Date / Completion Date _____

Course Evaluation

4. How many participants began this program? _____

5. How many participants completed this program? _____

6. If not all of the participants completed this program, what were the reasons?

- Illness
- Personal reasons
- Did not meet needs
- Change in participant's work schedule
- Other _____

7. What was the average attendance rate? _____ %

8. Did you encounter any challenges with the delivery of the program?

- Yes No

If yes, please explain:

9. What would you like to do differently next time?

10. What was the most significant impact this program made on the participants?

11. How do you anticipate the participants will transfer newly acquired skills to their work?
