

C-VITA Student's Training Feedback

We would like feedback on how satisfied you were with the training you had today. Please complete this form and hand in to the instructor before leaving or give to your site manager. By providing this feedback, you will be helping us improve our next course material. Thank you for your time!

Territory	Area	Date/s of Training	Number of trainees
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Are you from an organization or coalition?

Yes
 No
 If YES, please specify.

Please rate your satisfaction with the training you received today by checking the appropriate number.	Very Dissatisfied			Very Satisfied		
	1	2	3	4	5	NA
1. Convenience of hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Convenience of location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Amount of time to complete course(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Opportunity to ask questions to help you learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability of the instructor(s) to respond to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Presentation skills of instructor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Opportunity to practice what you have been taught through exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall satisfaction with instruction (considering all items)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the content quality on a scale of 1 to 5, where 1 equals "Poor" and 5 equals "Excellent".	Poor			Excellent		
	1	2	3	4	5	NA
9. Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Graphics/Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Overall quality of the course book and test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your comfort level or readiness to prepare tax returns as a volunteer. Use the scale of 1 to 5, where 1 equals "Very Uncomfortable" and 5 equals "Very Comfortable".	Very Uncomfortable			Very Comfortable		
	1	2	3	4	5	NA
14. Readiness to prepare returns for course(s) taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. What suggestions or comments do you have about how we could improve the course or printed materials?

If more space is needed, please use the back of this form. Thank you for your time and feedback.