



WA Training Institute values your opinion and uses your feedback to help improve the quality of training.

Date: _____ **Course attended:** _____

Qualification or Unit/s of competence: _____

How satisfied were you with the following?

1. Learning Environment

Very Satisfied

Satisfied

Not Satisfied

Comment: _____

2. Resources/handouts

Very Satisfied

Satisfied

Not Satisfied

Comment: _____

3. Course Presentation

Very Satisfied

Satisfied

Not Satisfied

Comment: _____

4. Course Structure/Length

Very Satisfied

Satisfied

Not Satisfied

Comment: _____

5. Trainer Support and Feedback

Very Satisfied

Satisfied

Not Satisfied

Comment: _____

6. Learning Activities

Very Satisfied

Satisfied

Not Satisfied

Comment: _____

7. Overall Satisfaction

Very Satisfied

Satisfied

Not Satisfied

Comment: _____

Do you have any comments or suggestions that would help us improve this course?
