

## **Course Evaluation Form**

Course N Date:	ame:						
Venue:							
Please complete this short evaluation form and hand it to the Dental Postgraduate Tutor.							
STATUS	<ul> <li>Dentist</li> <li>Dental Nurse</li> <li>GDS</li> </ul>	<ul> <li>☐ Therapist</li> <li>☐ Practice Manager</li> <li>☐ CDS</li> </ul>	☐ Hygienist ☐ Oral Health Educator ☐ HDS	<ul> <li>Technician</li> <li>Receptionist</li> <li>PDS</li> </ul>			
Section A Please consider the following statements and decide if they clearly reflect your views. Please give a score of between 1 and 10. • 10 = Strongly agree with statement • 1 = Strongly disagree with statement							
The course has greatly improved my knowledge and understanding of the subject matter							
As a result of this course I have gained new skills							
This course has confirmed my perceptions of current best practice							
The course was interesting and informative							
The course fulfilled my expectations based on the information I was given prior to attending							
The course was pitched at the right level (i.e. not too simple or not too advanced)							
I would strongly recommend this course to my colleagues							
The course organisation was excellent							
Section B							

Standard of Speakers presentation. Please score of between 1 - 10 where 10 = Excellent and 1 = Poor

Speaker/ Trainer	Score

Is there anything that you would have liked covered that was omitted from the course?

In your view what was the most successful and/or useful aspect of the course?

Are there any topics you would like covered for future courses?

Thank you for completing this form.	To be completed by the Tutor	Score
Your views are valuable to us and will	1. Total Score for Section A	
help us improve our courses.	2. Total Score for Section B	
	3. Total Number of Speaker/Trainer	
	4. Average Score for Speaker/Trainer	
23 June 2011	Grand Total Score (1 + 4)	