

# Lincolnshire Learning Together Member Development Feedback

Name:  Date:

Course:

Please complete this evaluation questionnaire as your feedback is valued and partners will consider it to help make improvements for future courses.

**Please rate the following statements on the scale:** (Please circle one option)

1 = Strongly Disagree, 6 = Strongly Agree

## Facilities

I feel the location/accessibility was appropriate

1	2	3	4	5	6
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I feel the facilities/room were appropriate for the session

1	2	3	4	5	6
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## Tutor/Facilitator

I feel the tutor/facilitator:

1	2	3	4	5	6
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was knowledgeable of the subject matter

1	2	3	4	5	6
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communicated in an appropriate manner

listened and answered questions appropriately

1	2	3	4	5	6
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The timing of the session was: Too early  Just right  Too late

The session was: Too short  Just right  Too long

I feel the course met my personal objectives for attending: Yes  No

I feel the course has helped me to enhance my appreciation and understanding of my role: Yes  No

## Please rate your understanding of the subject:

(Please circle one option for each) 1 = No knowledge 10 = very knowledgeable

Prior to the course:

1	2	3	4	5	6	7	8	9	10
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After the course:

1	2	3	4	5	6	7	8	9	10
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**Prior to attending the course, it was established that you would be able to do the following better after attending:**

Has this been achieved? Yes  No  Don't know yet

**What is your overall rating of the course?** (Please circle one option)

1 = Poor, 6 = Excellent

1	2	3	4	5	6
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**Please turn over**

