

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

