# Learner Feedback Report: LFR2 - Virtual

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| --- | --- | --- | --- |
| **Programme:** |  | | |
| **Facilitators Name:** |  | | |
| **Date:** |  | **Venue:** |  |

Thank you for your active participation during the training. Kindly complete the following evaluation questions below. This evaluation form is an integral part of the quality assurance management system. Once completed, please hand this form back to the facilitator.

**Course Material**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes** | **No** |
| Was the course material presented in a clear and consistent manner? |  |  |
| Was the structure of the respective course material clear and understandable? |  |  |
| Was the level of the course material relevant to your needs? |  |  |
| Were the learning objectives clearly expressed in the training materials? |  |  |
| Were the learning objectives achieved? |  |  |
| Was the course duration appropriate to the content offered? |  |  |
| Did the course and materials meet up to your expectations? |  |  |
| Is the course material applicable to your work environment? |  |  |
| Did the focus activities in the course materials enhance your learning experience? |  |  |
| Will you be able to transfer the knowledge and skills gained on the course, into your respective workplace? |  |  |
| **Comments and recommendations:** | | |

Please turn over/…

**Facilitator**

Use the following rating scale when providing feedback regarding the facilitator.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Scale** | **0 – 10%** | **11 – 20%** | **21 – 30%** | **31 – 40%** | **41 – 50%** | **51 – 60%** | **61 – 70%** | **71 – 80%** | **81 – 90%** | **91 – 100%** |
| **Rating** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |

|  |  |
| --- | --- |
| **Criteria** | **Rating** |
| **Did the facilitator:** | |
| * Know the subject matter? |  |
| * Encourage participation? |  |
| * Answer questions thoroughly. |  |
| * Respect your knowledge and experience? |  |
| * Provide relevant examples and analogies? |  |
| * Provide clear explanations and instructions? |  |
| * Generate a desire to learn? |  |
| **Comments and recommendations** | |

**Logistics**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes** | **No** |
| * Did you receive your invitation timeously? |  |  |
| * Did you receive your learning material in time? |  |  |
| * Did you have any connectivity challenges? (If yes, please explain) |  |  |
| * Was the virtual platform appropriate and conducive to learning? |  |  |
| **Comments and recommendations** | | |

**Thank you for completing this feedback form.**

**Hope to see you back soon for more.**