# Learner Feedback Report:

|  |  |  |  |
| --- | --- | --- | --- |
| **Programme:** |  | | |
| **Facilitators Name:** |  | | |
| **Date:** |  | **Venue:** |  |
| **Classroom Training:** |  | **Virtual Training:** |  |

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.

*If virtual training was conducted, please email this document back to your 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/or 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/or recommendations** | |

**Logistics (Only to be completed for classroom training)**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes** | **No** |
| * Was the venue appropriate for the training that was offered? |  |  |
| * Was the seating arrangement conducive to learning? |  |  |
| * Were the refreshments provided adequate? |  |  |
| * Were you satisfied with the quality of the food? |  |  |
| **Comments and/or recommendations** | | |

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

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