

Trainee Feedback Form

(distance based training)



We are committed to maintaining a focus on meeting your needs. Your feedback is valued and will be used confidentially to improve future training and assessment.

Trainee's Name (optional):

Course Title:

Date:

Trainer/Assessor:

Is English your first language? Yes No

Do you consider yourself to have a disability? If yes, please specify

Did you Trainer maintain regular contact with you? Y / N

Was your Trainer easily contactable? Y / N

Did you receive adequate support from your Trainer? Y/N

Did you find the suggested unit completion order helpful? Y / N

Would you like to see anything added to the learning materials in order to improve learning? Y / N

If yes, please comment:

Were materials written in a clear and concise manner? Y / N

Were illustrations and exercises within the learner handbooks helpful? Y / N

Were materials appropriate for Distance Learning? Y / N

Information provided by administration staff was prompt, clear and accurate? Agree Disagree

Was the assessment instructions easily understood? Y / N

Other comments?