**Course feedback**

**Course title:** .................................................................... **Date:** ........................

**Please circle the appropriate number (below) in response to the following questions.**

1. not at all 2- a little 3- moderately 4- mostly 5- greatly

 

**Has the course met your expectations?** 1 2 3 4 5

Comments:

**Do you feel better for completing the course?**  1 2 3 4 5

Comments:

**Were you happy with the course leader(s) delivery?** 1 2 3 4 5

Comments:

**What did you find useful about the course and why?**

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| --- |
|  |

**What changes would you make to the course?**

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|  |

**\*Please turn over**

**Circle up to four words that best sums up your overall opinion of the course:**

|  |
| --- |
| Interesting Challenging Exciting Revealing  Fascinating Entertaining Boring  Confusing Clear Realistic Practical  Innovative Useful Difficult Basic Valuable Enjoyable Comprehensive Thought –provoking  Unfocused Waste of time Rushed  Stimulating Over-ambitious Inspiring |

**Please use this space to add your own words:**

|  |
| --- |
|  |

**Would you recommend this course to others? Yes/No**

**What further training needs do you have?**

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| --- |
|  |

**Any further comments:-**

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|  |

**Thank you for taking the time to complete this feedback.**