

**RTO Form: END COURSE TRAINING
EVALUATION**

Course: _____ Date/s: _____
Trainer's Name: _____

1. How many sessions were in your course?

- 1-3 3-5 5-7 7-10 More
than 10

2. Did you miss any sessions?

- Yes No

Comment: _____

3. Is there anything we could have done to assist you due to your absence?

Comment: _____

4. Did the training sessions include a variety of activities? Activities are discussions, whiteboard use, butcher paper, role plays, physical activities and so on

- Yes No

Comment: _____

5. Were you provided with enough instructions and/or information regarding the assessment process

Comment: _____

This is a two sided document please turn over for more questions 😊

6. Do you believe the questions you have been asked in the assessments since the mid evaluation, were suitable? Please provide feedback on their relevance to your workplace, ease of understanding the questions and more. Please provide enough information so we can look at the question/s, tasks and so on to enable changes to be made. You can attach another sheet if needed.

Comment: _____

7. Is there another way we could have assisted you to attain competence in the course you are enrolled in?

Comment: _____

8. Will you be able to apply the training and/or assessment outcomes to your job?

Yes No Maybe later

Comment: _____

9. What have been the more difficult aspects, or the most useful, of the training and/or assessment processes in this course?

Comment: _____

10. Do you have any other comments or suggestions that could help us improve this course?

MDS Training, would like to, if consent is given, to use comments from this evaluation as testimonial evidence; this could identify your name and/or organisation. If you are willing for the information given here to be used for this purpose please sign below.

Name: _____

Please sign here: _____

This was a two sided document, have you completed the other side?

