

RTO Form: MID TRAINING EVALUATION

Course: _____ Date/s: _____

Trainer's Name: _____

1. How many sessions have you attended to date?1 2 3 4 5 6**2. Have you missed any sessions?**Yes No

3. Did you receive resources and your assessment tasks in an appropriate time frame from the missed session?Yes No N/A

4. Did the sessions include a variety of activities? Activities are discussions, whiteboard use, butcher paper, role plays, physical activities etc.Yes No

5. Is there another way we can assist you in attaining competence in the course you are enrolled in?

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

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

7. Do you believe the questions you have been asked in the assessments, so far, 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: _____

8. What have been the most difficult aspects of the training or assessment processes to date?

9. Is there anything you think we should change for the second half of your course you haven't already told us about on other feedback?

10. Do you have any other comments or suggestions which could help us to 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?

