

TRAINING SERVICES EVALUATION FORM

Please be as frank as possible in completing this form.

Course Title : _____
 Course Date(s) : _____
 Course Presenter(s) : _____

| | | <i>Please tick as appropriate</i> | (✓) |
|--|---------------------------|-----------------------------------|-----|
| 1. Was the course well planned? | Yes | | |
| | No | | |
| 2. Was the course content useful to you on your job? | Very useful | | |
| | Useful | | |
| | Not at the present moment | | |
| | Not at all useful | | |
| 3. Was the course relevant to your work? | Very relevant | | |
| | Relevant | | |
| | Not relevant | | |
| 4. How do you rate the presenter(s) methods of presentation? | Excellent | | |
| | Very good | | |
| | Good | | |
| | Average | | |
| | Below average | | |
| 5. How do you rate the presenter(s) mastery of the subject? | Highly skilled | | |
| | Satisfactory | | |
| | Average | | |
| | Below average | | |
| 6. Did you have enough opportunity for discussion? | Yes | | |
| | No | | |
| 7. Comment on administrative arrangements (programme, registration, venue, lunch etc.) | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

| | | <i>Please tick as appropriate</i> | (✓) |
|-----------------------|--|-----------------------------------|--------------------------|
| 8. Overall assessment | | Very good | <input type="checkbox"/> |
| | | Good | <input type="checkbox"/> |
| | | Fair | <input type="checkbox"/> |
| | | Poor | <input type="checkbox"/> |
| 9. | Please list any other accreditation related courses you would like SADCAS to organize. _____ _____ _____ _____ | | |
| 10. | Comments _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | | |
| Name: | _____ | | Signature: |
| Date: | _____ | | |