

## ICOS SKILLNET - Course Evaluation – Level 1

Event Title:		Date:	
Trainee Name:			
Co-op Name:			

***Thank you for participating in this training. Please take a few moments to think about the event and provide responses to the following questions. This information will be very helpful in planning future training events. Please answer all questions and add in your additional comments on both sides of this form.***

1) Please indicate your level of agreement with the statements listed below;

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a) The training was relevant to my needs					
b) Training was delivered to a high standard					
c) Participation /interaction was encouraged					
d) This training met my learning objectives					
e) I can apply the skills/knowledge that I learned					
f) The duration of training was appropriate					
g) The training room/ facilities were suitable					
h) I would recommend this training to others					

2) What was the most useful part of this training for you?

---



---



---



---

3) What aspects of the training/ organising could be improved?

---

---

---

---

4) Please specify what ideas or actions you learned during this training that you will take back to your workplace.

---

---

---

---

5) Please provide any suggestions or additional comments below.

---

---

---

---