EVALUATION FORM

paperdata
Automated Feedback Solution

Please help us improve our courses by answering the following questions

Name: (optional)	
Tutor's name:	Start date:
Course attended :	
Venue:	

Pen please: ☺☒ ☹☐×

Please rate our performance in each of the following areas:	Outstanding	Good	Requires Improvement	Poor	Not Applicable
The tutor's subject knowledge	☐	☐	☐	☐	☐
Explanation of the tasks and activities	☐	☐	☐	☐	☐
The use of different teaching methods to help me understand the subject	☐	☐	☐	☐	☐
The way the tutor checked my understanding of the subject	☐	☐	☐	☐	☐
The tutor's fairness when dealing with you	☐	☐	☐	☐	☐
How well your questions were dealt with	☐	☐	☐	☐	☐
The room/ teaching area layout promoted learning	☐	☐	☐	☐	☐
The quality of the hand outs	☐	☐	☐	☐	☐
The standard of the equipment and resources used	☐	☐	☐	☐	☐
The support I received in preparation for my test (if applicable)	☐	☐	☐	☐	☐
The length of the course	☐	☐	☐	☐	☐
How safe I felt whilst on the course	☐	☐	☐	☐	☐
My overall rating of the course	☐	☐	☐	☐	☐

Please rate the course impact:	Agree strongly	Agree	Disagree	Disagree strongly	Don't know
The course increased my confidence	☐	☐	☐	☐	☐
The course gave me the skills and knowledge to do my job better	☐	☐	☐	☐	☐
The course improved my knowledge of health and safety in the workplace	☐	☐	☐	☐	☐
The course improved my chances to progress in my job or get promotion	☐	☐	☐	☐	☐
The course inspired me to want to learn new things	☐	☐	☐	☐	☐

If you have any comments about your personal safety, please give information here:

Please tell us how we can improve the course:

Would you recommend this course to someone else? *(If 'No', please explain why not)* Yes ☐ No ☐

Paperdata code: Thank you for completing this form Please email to: *scans@paperdata.com*