

## EVENT EVALUATION FORM

**Type:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Venue:** \_\_\_\_\_

**Participant name (optional):** \_\_\_\_\_

*When scoring number ranges are given, please circle / tick the number that you feel most closely represents your views. Please score all questions allowing us to gain a comprehensive overview of the training session.*

### OBJECTIVES

<b>1) To what extent do you feel the learning objectives have been achieved?</b>	<b>fully</b>					<b>not at all</b>
	6 <input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
<b>2) Which of the above objectives were not adequately met and why?</b>	_____					
<b>3) To what extent did the following meet the objectives?</b>	<b>fully</b>					<b>not at all</b>
i) Speaker/facilitator 1 ;	6 <input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
ii) Speaker/facilitator 2;	6 <input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
iii) Speaker/facilitator 3	6 <input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

### TRAINING DELIVERY

<b>4) Did you feel the training delivery and format were appropriate?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>How could they be improved?</b> (include use of other training mediums you feel would be appropriate e.g. distance learning)	_____			
<b>5) Do you feel that the training materials will be useful, particularly for future reference?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
<b>How could it be improved?</b>	_____			
<b>6) Will you be able to share today's learning (and materials) with your colleagues?</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

**If not, please tell us why:**  
\_\_\_\_\_  
\_\_\_\_\_

7) Considering your role, how useful were the contents of the training?	very useful					little use
	6 <input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

Comments:

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8) How would you rate the training overall?	very useful					little use
	6 <input type="checkbox"/>	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

Comments:

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9) Will you recommend the training to others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**VENUE**

10) Were the venue and facilities satisfactory?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**OTHER**

12) Are there any other training issues you would like to bring to the attention of Project Management ? (including other subjects you feel would be beneficial to your role)

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13) Any other comments:

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