

FEEDBACK FORM

COURSE: (INSERT NAME)

DATE: (INSERT DATE)

LOCATION: (INSERT LOCATION)

Please indicate your level of agreement with the statements listed below:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.The content was organized and easy to follow					
2.This training experience will be useful to me					
3.The trainers were knowledgeable about the topics					
4 The time allotted for the training was appropriate					
5. I would recommend the course to others					

6.What did you like most about this training?

7. What aspects of the day could be improved?

8. Please share any other thoughts or comments you think we would find useful.

Thank you so much – we are committed to delivering a high impact & high value service – so all feedback is gratefully received.