

Workshop Evaluation Form



Course title					
Trainer		Date			
Your service provider		Venue			
Please indicate your rating of the course by placing a tick in the appropriate box. 1 = Strongly disagree, 2 = Disagree, 3 = Neither agree or disagree, 4 = Agree, 5 = Strongly agree	1 Strongly disagree	2 Disagree	3 Neither agree or disagree	4 Agree	5 Strongly agree
Overall it was a positive learning experience					
I identified ways to build on my current skills and knowledge					
I have identified new work practice(s) I can implement					
The trainer was knowledgeable and skilful					
The trainer had good presentation skills					
I would recommend home care today and its services to others					
Workshop handouts were relevant and useful (if applicable)					
The venue was suitable/comfortable					
How has the training enhanced your skills or understanding of this topic? <i>(If it hasn't - why is that?)</i>					
What will you change in your work as a result of this training? <i>(If you don't plan to change anything – is there a reason?)</i>					
Additional comments					

Note: The provider may utilise evaluation comments on an anonymous basis for promotional purposes. The provider of this training may also wish to conduct a brief follow-up with participants. If you are willing to be contacted please provide detail below:/

Name: _____

Phone: _____ or email address _____

THANK YOU