

ALQP Training Course Evaluation Form

To help us improve the quality of our training, we would appreciate your feedback!

Course:			
Location:		Date:	
Name: (optional)			

		Strongly Agree	Agree	Disagree	Strongly Disagree
1	I felt comfortable with the facilities and the venue.				
2	I felt comfortable with the catering (if applicable)				
3	The Trainers were knowledgeable and professional				
4	The material was presented in an appropriate way for me				
5	My interest was held				
6	I was able to ask questions and have input into the discussions				
7	I have a better understanding of:				
	•				
	•				
	•				
	•				
	•				
8	The course gave me ideas about how to:				
	•				
	•				
	•				
	•				
	•				
9	Resources and handouts were useful				
10	Overall, I was satisfied with the course				
11	What did you like most about the course?				
12	What changes would you recommend to this course?				