

## Client Course Feedback / Evaluation Form

The questions below are designed to give us sufficient feedback to make future courses are as meaningful to our students as possible. We would therefore appreciate your candid response to help us achieve this aim.

<b>Name:</b> .....	<b>Organisation:</b> .....
<b>Date:</b> .....	<b>Training Consultant:</b> .....

### In General

1. How would you rate the following: (Please circle the appropriate number)

	Excellent	Very Good	Good	Average	Poor
<b>Overall course</b>	5	4	3	2	1
<b>Course presentation</b>	5	4	3	2	1
<b>Training Guide</b>	5	4	3	2	1
<b>Sessions / Exercises</b>	5	4	3	2	1

In the following questions please circle the most appropriate response

ie. Excellent 5    Very Good **4**    Good 3    Average 2    Poor 1

### The Program

- |  |           |
|--|-----------|
| 2. Did you understand the sign-up process?                           | 5 4 3 2 1 |
| 3. Was the information provided by the RTO accurate and informative? | 5 4 3 2 1 |
| 4. Were queries dealt with quickly and efficiently?                  | 5 4 3 2 1 |
| 5. Were the assessment processes explained fully by relevant Staff?  | Yes/No    |
| 6. Did the learning meet the needs of your organisation?             | Yes/No    |

7. Did the training correspond to that of the trainees work and in fact improve the outcomes of his/her work? Yes/No
8. Does the assessment tools used meet the needs of your organisation and that of the student? Yes/No
9. Did the training align itself to the competencies on the job? Yes/No
10. Is there any recommendations you would like to make that we could use to help us help future clients in the training of their staff? Yes/No

**The Trainee**

11. Was the trainee satisfied with the training and all information provided to them 5 4 3 2 1
12. Did the trainee find the trainer approachable and effective in their dealings with them? 5 4 3 2 1
13. Did all staff at the RTO respond quickly and effectively to any problems the trainee had relating to the traineeship 5 4 3 2 1

**The Evaluation Form**

14. Can you think of any way that we may improve this evaluation form? Yes/No

Details \_\_\_\_\_  
 \_\_\_\_\_

**Other**

15. Would you recommend the RTO to a friend or business associate? Yes/No  
 Please provide *testimonial* stating what you thought about the course, assessments, materials etc...

Details \_\_\_\_\_  
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16. Your feedback is important to us. Please advise us how we may further improve our services:

Comments \_\_\_\_\_

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I agree to the use of any of my comments to be displayed on the RTOs Web Site and / or marketing material?

Yes  No

Please Sign: .....

***\*Thank you, for taking the time to complete this survey it is much appreciated***