# Theme:

**Date: Location:**

**Speakers**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Role:** | **Email:** |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

**Total number of trainees attending: Total number who provided feedback:**

##### **Please provide mean scores below for each session (score 1-4. 1= Poor, 4= Excellent)**

|  |  |
| --- | --- |
| **Session Title/Speaker** | **Score** |
|  |  |
|  |  |
|  |  |
|  |  |

### Overall Course

|  |  |
| --- | --- |
| How well has the course as a whole prepared you for your role? |  |
| How did you rate the range of teaching methods used? |  |

### Facilitation

|  |  |
| --- | --- |
| How did the facilitation rate overall? |  |

### Please provide examples of comments for the following questions from the trainees:

### *How useful was the course for you and did it meet your personal objectives?*

### *What was the most useful part of the course?*

### *How could we improve the course?*

### *General Comments*