



Course Evaluation Form

Call 020 7920 9500
Call Free 0800 1601666

Name			
Course Title		Date	
Company		Location	
Email			

Thank you for completing our course evaluation, your feedback is greatly appreciated.

- The trainer met the training objectives** Yes No
- The training objectives for each topic were identified** Yes No
- Class participation and interaction were encouraged** Yes No
- Adequate time was provided for questions and discussion** Yes No
- I will be able to apply the knowledge learned** Yes No
- I would recommend this course** Yes No

Which topics did you find most beneficial?

What other courses would you like to attend?

