

SHORT COURSE EVALUATION



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To assist us in ensuring that this program meets our quality standards and that our courses satisfy your needs, we would be pleased if you could give us some feedback and complete this form.

Program Title: _____

Program Facilitator: _____

Date: _____

Did this course meet your expectations and needs?

(Please tick the most appropriate response.)

Very Well

Mostly

Not at all

Comments: _____

How do you rate the program?

	Very Good	Good	Poor
Course content			
Organisation			
Clarity			
Usefulness			

How could the program be improved?

Longer

Shorter

More Practical

Not Changed

Other: _____

What was your main reason for doing the course? (Tick more than one if you wish)

Work Requirements

Self Improvement

Recreation/Leisure

Increase Employment Opportunities

Allow for Further Study

Other

How do you rate the facilitator's performance?

	Very Good	Good	Poor
Knowledge of subject matter			
Presentation of subject matter			

How did you become aware of the program?

Newspaper

Friends/workmates

Employer

Brochure

Other

Any other comments you would like to add

If you are interested in any other possible courses please leave a name and contact number and list the courses, Thank You!

NAME: _____

CONTACT: _____