

Highfield Course Evaluation

COURSE TUTOR:	
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COURSE VENUE:	COURSE DATE:
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As we are keen to continually improve our courses, we would appreciate your comments on how this may be achieved. We would also welcome positive comments on aspects of the course you particularly enjoyed or considered successful

PLEASE SELECT	EXCELLENT	GOOD	AVERAGE	POOR
Pre-course administration & delegate information:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course venue/catering:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standard of lecturing:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course handouts (thumbnails /quizzes/coursebook):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visual aids used (DVDs/PowerPoint™/Card games):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course content covered:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course relevance for your job:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you achieve your objectives in attending this course?			YES <input type="radio"/>	NO <input type="radio"/>

What did you like most about the course?

How can we improve the course and the examination?

Comments:

Name:
Company:

Please remember to hand in this form at the end of the course

Please tick if you would not like us to use your comments in future promotions