



## Student Feedback Form

Name: (optional) \_\_\_\_\_ Date: \_\_\_\_\_

Unit / course delivered: \_\_\_\_\_

### Instructions:

Please complete the questionnaire by ticking the box that best describes your answers to each question. Please read each question carefully.

How strongly do you agree or disagree with the following statements?  
Tick **one** answer only

	Don't know	Poor	Fair	Good	Very good	Excellent
1. The layout of the reading material made it easy to use and read.						
2. The assessment material was easy to use and read						
3. The reading material assisted me to complete the assessment						
4. The material was easy to understand.						
5. The trainer presented information clearly.						
6. The trainer's personal knowledge was valuable.						
7. How would you rate today's training session?						
8. How would you rate the delivery of the training?						
9. Did the trainer explain the assessment tools?						
10. Overall evaluation of the training.						

**Comments:** Your feedback is important to Signature Learning & Development in continuously improving the quality of our training outcomes. Please expand on the above points and further information you feel may be relevant to today's training and future outcomes:

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