

TRAINER FEEDBACK FORM

To be completed at the end of each unit and the end of each course. Return completed form to Academic Manager

Feedback on Training:

S. NO.	PARTICULARS	YES	NO
1	Did you have a lesson plan prepared prior to training?		
2	Were you organized and ready to deliver training?		
3	Did you have learner guides, assessments and assessment cover sheets printed prior to class?		
4	Did you analyze the unit of competency prior to training?		
5	List the training materials you had for training		
6	List the assessment materials you had for training		

Any other comments regarding training:

List any suggestions you may have to assist in improving training:

Feedback on Actual Training:

S. NO.	PARTICULARS	YES	NO
1	Did you give students opportunities to ask questions?		
2	Did you give students sufficient time to learn?		
3	Did you give students opportunities to practice and reinforce what was taught?		
4	Did you get to know each student?		
5	Did you identify any students who required additional learning support?		
6	List the support you provided for the student/s in question 5		

Student Initial:

7	Did you complete intervention forms for any students?		
8	List the training aids and resources you used in your training session?		
9	Did you distribute and collect student feedback forms?		
10	Did you refer non-attendance and no academic progress to the Academic Manager?		

Any other comments regarding actual training:

Feedback on You as the Trainer:

S. NO.	PARTICULARS	YES	NO
1	Did you have current relevant examples to include in your training?		
2	Did you have the necessary level of knowledge and skills on the training topic?		
3	Did you establish an atmosphere of trust and respect?		
4	Did you model a positive, open style of communication?		
5	Did you explain the unit of competency to the student at the beginning of the training?		
6	Did you explain the assessment to the students?		
7	Did you summarize key points throughout your training sessions?		

Any other comments regarding actual training:

List any suggestion you may have to assist to improve your training delivery?

Feedback on Classroom:

S. NO.	PARTICULARS	YES	NO
1	Was your classroom clean and tidy?		
2	Is your classroom set up in a way that enhances student participation in classes?		
3	Is all the equipment working correctly in your classroom/s		

Student Initial:

Any other comments regarding classroom:

Thank you for your Feedback!

Signature of Student

Date

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