

<b>UPPER ANDERSONSTOWN COMMUNITY FORUM</b> <b>TULLYMORE ICT PROJECT</b> <b>Confidential - Evaluation Form</b>
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Course Title: .....

Tutor's Name: .....

Your Name: .....Date: .....

**1. Tick the picture that best describes how you feel about your training on this course**

 **Happy?**

 **OK?**

 **Dissatisfied?**

**2. Was the information clearly presented?**

(Please mark on a scale of 1 to 5. Tick one number only.)

**Not Clear**

**Very Clear**

1

2

3

4

5

**3. Were there any parts of the training where you think:**

a) **more** time should have been spent? - Yes  No

If Yes please say which part: .....

.....

b) **less** time should have been spent? - Yes  No

If Yes please say which part: .....

.....

**4. Are there any comments you would like to make on how the sessions were run?**

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**5. Did you find the Computer Training Room a comfortable learning environment? Yes  No**

**6. What actions will you take as a result of what you learned during the sessions? .....**

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THANK YOU FOR COMPLETING THIS FORM