

UPPER ANDERSONSTOWN COMMUNITY FORUM TULLYMORE ICT PROJECT Confidential - Evaluation Form

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:

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

If Yes please say which part:

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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