

TCICAA PARTICIPANT FEEDBACK/EVALUATION

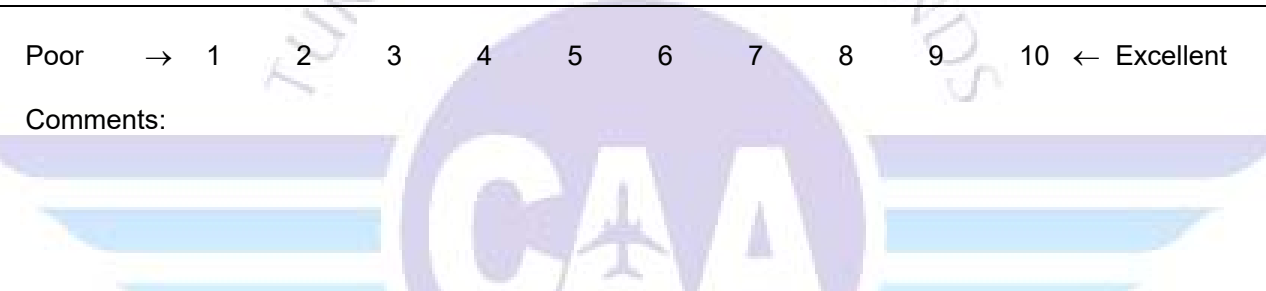
Please provide feedback on the training that you have attended

Name:

Training Course /event:
Date:

Overall value of the course:

Poor → 1 2 3 4 5 6 7 8 9 10 ← Excellent
Comments:



Course Content

Did the course meet your reason for attending?:

What were the most effective / useful parts of the course for you?

What were the least effective / useful parts of the course for you?

Please provide an assessment of the training provider

Poor → 1 2 3 4 5 6 7 8 9 10 ← Excellent

Comments

Any further comments about the course?

To select check box, double click check box and in 'Default Value' select 'checked'

Would you recommend this course again? Yes No

Thank you for completing this form. Please return it to the TCICAA
Training Coordinator.