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**Specimen Form for Course / Event Participant Feedback Purposes**

**Course/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Course/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Scoring 1–Disappointing; 2–Fair; 3-Good; 4-Very Good; 5-Excellent** | | | | | |
|  |  | | | | |
| **Location and Timing** | | | | | |
|  | | | | | |
| Were the Facilities Suitable | 1 | 2 | 3 | 4 | 5 |
|  | | | | | |
| Was the organization of the practical sessions appropriate | 1 | 2 | 3 | 4 | 5 |
|  | | | | | |
| Was the timing of the course suitable | 1 | 2 | 3 | 4 | 5 |
|  | | | | | |
| Your suggestions for improvement: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Overall View of the Course / Event Content** | | | | | |
|  | | | | | |
| Were the topics relevant to your needs | 1 | 2 | 3 | 4 | 5 |
|  | | | | | |
| Were the topics in the outdoor sessions timely | 1 | 2 | 3 | 4 | 5 |
|  | | | | | |
| Overall, how would you rate your instructors | 1 | 2 | 3 | 4 | 5 |
|  | | | | | |
| Was active participation encouraged by instructors | 1 | 2 | 3 | 4 | 5 |
|  | | | | | |
| How relevant to the topics were the hand-outs | 1 | 2 | 3 | 4 | 5 |
|  | | | | | |
| What changes to topics etc. would you suggest to improve the course: | | | | | |
| What changes to presentations and practical sessions would you suggest to improve the course: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Overall Assessment of the Course / Event** | | | | | |
|  | | | | | |
| Was the course presented at a pace to suit you | 1 | 2 | 3 | 4 | 5 |
|  | | | | | |
| How much have you benefited from the course | 1 | 2 | 3 | 4 | 5 |
|  | | | | | |
| Was the timing of examinations / interviews appropriate | 1 | 2 | 3 | 4 | 5 |
|  | | | | | |
| What changes would you make to the hand-outs and other course material: | | | | | |
| Which aspects of the course did you most benefit from and why? | | | | | |
| Which aspects of the Course did you least benefit from and why? | | | | | |
| Are there any other areas/topics you feel should be included on the Course? | | | | | |