

STUDENT FEEDBACK FORM

Please respond to the questions below (circle your answer). We ask that you complete this questionnaire openly; we value your opinion and are constantly striving to improve our services. You may remain anonymous.

Name:	
Course:	
Date:	

The Course			
			If No, please detail
Did you find the Course content adequate?	Yes	No	
Did you find the Course duration sufficient?	Yes	No	
Did you find the exercises beneficial?	Yes	No	
Did the Course meet your needs/ expectations?	Yes	No	

The Trainer			
			If No, please detail
Did the Trainer uphold good presence and professionalism?	Yes	No	
Did the Trainer demonstrate sufficient knowledge of material covered?	Yes	No	
Did the Trainer exhibit thorough explanation of content?	Yes	No	
Was the Trainer able to adequately respond to questions/ queries?	Yes	No	

Your Overall Experience			
			If No, please detail
Was your overall experience at EXECAid a positive one?	Yes	No	
Would you consider part-taking in another course by EXECAid?	Yes	No	
Would you recommend a course by EXECAid to other interested persons?	Yes	No	

Additional Comments			

I give permission for my comments to be displayed online at www.execaidtraining.com.au