



COURSE FEEDBACK FORM FOR STUDENTS

v.1/12

NAME (Optional): _____

PHONE NUMBER OR EMAIL (Optional) _____

**Note that while the information above is optional, we would appreciate the opportunity to discuss any concerns or improvements with you.*

COURSE TITLE: _____

DATE OF COURSE: _____

INSTRUCTOR NAME: _____

CIRCLE RESPONSES BELOW:

WOULD YOU DESCRIBE YOUR COURSE EXPERIENCE AS A POSITIVE ONE?

YES NO

WOULD YOU DESCRIBE YOUR INSTRUCTOR AS PROFESSIONAL?

YES NO

WOULD YOU DESCRIBE THE ROOM AND EQUIPMENT USED FOR TRAINING AS:

POOR ADEQUATE GOOD

Please feel free to comment on your course experience in the space below. Detail anything that you thought the Instructor did particularly well or anything that you considered poorly done:

Please print this form and return via email (training@danasiapacific.org), fax (+61 3 9886 9166) or post (PO Box 384 Ashburton Vic 3147, Australia)