

# Course Evaluation

Your name: .....

Course name or code: ..... Date: .....

Contact details: tel number/e-mail address: .....

**Q1. Please assess yourself in relation to the following areas linked to the course on a scale of 0-10 (Low = 0, High = 10)**

What is your understanding of the course topic?	Before the course	After the course
1. Subject knowledge		
2. Knowledge of policy and procedure		
3. Confidence to act appropriately (if needed)		
4. Know where to get further support		
5. Can identify resources available both locally and nationally		

**Q2. Please rate the following questions on a scale of 0-10 (Low = 0, High = 10)**

	Rating
1. How useful/relevant was the course content?	
2. How effective were the training methods used?	

**Q3. How could we improve this course?**

.....

.....

.....

**Q4. Identify two key things you have learnt**

1. ....

2. ....

**Q5. Identify two things you are going to do to improve your practice**

1. ....

2. ....

**Q6. Would you recommend this course to others? Yes  No**

**Q7. Any other comments?**

.....

.....

.....

.....

.....

.....

.....

.....

I give my permission for any comments I make to be used in publicity for Integrated Workforce Team courses.

As part of our quality assurance programme we may be contacting a sample of participants by phone within two months of the course taking place. However, if you are not contacted but wish to share the changes you have made we would appreciate it if you could contact us on: [earlyyears.training@derbyshire.gov.uk](mailto:earlyyears.training@derbyshire.gov.uk)