Learner‘s Evaluation Form

We are interested to hear your thoughts about the course you have just attended and we would appreciate your comments.

Name of course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the course meet with your expectations? Yes  No 

If not, can you say why?

*On a scale of 1 – 5, ( please circle your rating, 1-Poor - 5-Excellent)*

Was the course….

Enjoyable 1 2 3 4 5

Useful 1 2 3 4 5

Easy to follow 1 2 3 4 5

What was your reason for coming to the course?

Can you recall some things you learnt on this course that were important or particularly helpful for you*?*

What did you not like about the course?

Are there any issues/topics that you feel need to be covered further?

What improvements for this course would you recommend?

Could this course be a stepping stone to further education for you?

What would you like to do now? (*Please tick the box)*

Do another family learning course 

Join another learning group 

Learn how to use a computer 

Gain a basic qualification 

None of the above 

Another type of course (please specify) ...........................................................................

Is there any other aspect of your child’s learning that you would like help with? We run courses on a wide range of topics in this area. Tick any that would interest you:

Getting to grips with maths 

Writing a book of family history 

Weighing and measuring 

Writing and spelling 

Encouraging reading 

Dealing with learning difficulties 

Your name : ...................................................................Thank you!