Newcastle City Council

Evaluation and Feedback Form

Please complete this form as fully as possible. It is an important aspect of the quality assurance process and will help us to ensure our courses meet the needs of our staff.

Course:	**Date:**
Name:	**Job Role:**

We would like to understand the impact of today's session. At the beginning of the session please rate your knowledge/skills/confidence in this subject and return to this section at the end of the course. (Please circle your ratings where 1 is a low level of understanding/confidence and 10 is high)

Before the course									
1	2	3	4	5	6	7	8	9	10
After the course									
1	2	3	4	5	6	7	8	9	10

How would you rate the pace and content of the session?			
Poor ←		→	Excellent
1	**2**	**3**	**4**

Did the session meet your expectations?			
Not at all ←		→	Exceeded
1	**2**	**3**	**4**

How would you rate the trainers?			
Poor ←		→	Excellent
1	**2**	**3**	**4**

Do you think the session will influence your practice?			
Not at all ←		→	Definitely
1	**2**	**3**	**4**

Overall how would you rate this course?			
Poor ←		→	Excellent
1	**2**	**3**	**4**

Please answer the following questions using the scales below:

If you rated anything **1 or 2** please could you give details:

Please identify three things you will change about your practice as a result of this session:
1. 2. 3.
What was the most valuable thing about this session?
Do you have any suggestions for how we can improve the session?
Has this session identified any further learning needs or service development issues?
Do you have any further comments?

Thank you for taking the time to complete this evaluation
If you would like to discuss any aspect of this session please feel free to contact us. As part of our Quality Assurance processes we may contact you in the future with regard to this Evaluation Form