

## Session Evaluation Form

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Week No.: 4: Career Circles and Personal Growth

Trainer(s): \_\_\_\_\_

Name (optional): \_\_\_\_\_

	4 😊😊	3 😊	2 😐	1 😞
How happy were you with the organisation of today's training (room, timings, logistics)?				
To what extent did the training session meet your expectations?				
How appropriate were the training methods (was there a good mixture of activities, practical examples, theory etc.)?				
To what extent will you be able to put what you have learned today into practice in your work as a support worker/trainer?				
Please leave any other comments about today's session:				

**\*\*\* THANK YOU! \*\*\***

Your comments may be included in future promotional/marketing material. If you are not happy for your comments/quotes and name to be used for these purposes, please tick this box

