

Session Evaluation Form

Date: _____

Trainer(s): _____

Name (optional): _____

	4 😊😊	3 😊	2 😐	1 😞
Overall, how well were the training sessions organised (location, logistics)?				
Did the training sessions match your expectations?				
How appropriate were the training methods during the sessions (was there a good mixture of activities, practical examples, theory etc.)?				
To what extent were the sessions useful to help in your personal development?				
To what extent will you be able to put what you have learned into practice in your work as a career guidance professional?				

What have you found **most useful** about the sessions?

What have you found **least useful** about the sessions?

Were there any **topics missing** from the sessions that you would have found useful?

Any other comments?

***** 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

