

SHEA Evaluation Form

Trainer's Name	
Name	
Programme Date	
Programme Name	

Please circle your rating and explain the reason for it. (1= not at all 5 = totally)

1. How well were the objectives of the programme met?	1	2	3	4	5
Please explain your rating.					
2. How well did the programme meet your own individual learning needs?	1	2	3	4	5
Please explain your rating.					
3. How well do you feel you can apply the learning in your role?	1	2	3	4	5
Please explain your rating.					
4. How useful will the learning be for you in the future?	1	2	3	4	5
Please explain your rating.					
5. How useful were the training materials?	1	2	3	4	5
Please explain your rating.					

6. How suitable were the training facilities? (Room, refreshments etc.)	1	2	3	4	5
Please explain your rating.					
7. How would you rate the programme overall?	1	2	3	4	5
8. What was the most useful part of the training?	Please explain.				
9. What aspects of the training would you change?	Please explain.				
10. How well did the Trainer... (1= not at all 5 = totally) Please circle					
a. Give clear instructions?	1	2	3	4	5
b. Display knowledge of the subject?	1	2	3	4	5
c. Generate an atmosphere that made it easy to learn?	1	2	3	4	5
d. Encourage you to participate?	1	2	3	4	5
e. Answer your questions?	1	2	3	4	5
f. Prepare you for the assessment?	1	2	3	4	5
g. Build your confidence to perform your role?	1	2	3	4	5

11. Please give any other comments regarding your overall experience.

Thank you for taking the opportunity to share your views. This information will be used to evaluate the programme.