

Evaluation Form

| Criteria | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|----------------|-------|----------|-------------------|
| Training was relevant to my needs | | | | |
| Content was well organised | | | | |
| Questions were encouraged | | | | |
| Materials provided were helpful | | | | |
| I learnt something new I can use in practice | | | | |
| I feel confident in applying new learning | | | | |
| Training met my expectations | | | | |
| I felt engaged all day | | | | |
| The presenter/presentation was very effective | | | | |

How did you find the balance of presentation, discussion and activities?

What aspects of your practice have been reinforced/reaffirmed by today's course?

What do you think you might change or develop as a result of today?

Is there any way we could improve this course?

Any other comments:

Name: _____

Email address: _____

YES, I want to receive updates from Circle Solutions & Growing Great Schools Worldwide