

Can you help us by answering some questions about your course? We will use your answers to see where things are going well or where we need to improve.

We value your feedback and assure you that the information will be treated with confidentiality.

Name: Date:
(optional)

Provider Venue

Course Day Time

Provider Course Reference (to be completed by tutor/provider)

Please put a tick in the appropriate box and write any additional comments in the space provided at the end of this form. **(1 = excellent to 4 = poor)**

1	2	3	4

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. How good was the enrolment process? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How good was the tutor at: | | | | |
| • explaining what you would be doing in each session? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • using a variety of activities to teach the course? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • giving feedback on how to improve your work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • letting you know what progress you were making? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How good were the handouts and materials used on the course? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How good was the venue for the course? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How good was the support you received? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please tick to indicate whether or not you agree with the following statements **(A=agree, N=neither agree nor disagree, D=disagree)**

A	N	D

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 6. This course met my expectations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I enjoyed my course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I was treated with respect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I felt safe on my course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The class started and ended on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PTO



11. Having undertaken this course do you feel:
- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| • your personal goals on your Individual Learning Plan were achieved? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • more confident in your ability to learn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • more likely to get involved in local community, school or voluntary activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • it will help you get a new job or help you in your current job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • more confident in using computers, the internet and other technologies? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • more confident in managing your money? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • it has helped to improve your communication skills? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • more able to help and support your child/children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • more aware of the importance of health and wellbeing issues? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. How did you find out about the course?
- Leaflet Prospectus Poster Website/Email Word of Mouth
- Letter Local Newspaper Phone/Text Other
- and was this information? Excellent Good Satisfactory Poor

13. Have you used child care to help you to attend your course?
- Yes No
-
- If yes, was it? Excellent Good Satisfactory Poor

14. Has anyone spoken to you or have you received any information or advice about other courses you may be able to do next?
- Yes No
-
- If yes, was it? Excellent Good Satisfactory Poor

15. Do you have any suggestions to improve the quality of your course, general comments or ideas on new courses we could offer or any other information?

16. Can you briefly describe what difference this course has made to you?

Thank you for your time and help in completing this form.