

## Learner Questionnaire

### Important Instructions

Your name (optional): \_\_\_\_\_

Please tell us about your training. Your feedback plays an important role in developing the quality of your education. In this questionnaire, the term 'training' refers to learning experiences with your training organisation. The term 'trainer' refers to trainers, teachers, lecturers or instructors from your training organisation. Provide one response to each item on the form. Complete using a black or blue pen. Print neatly in CAPITAL letters. Place a clear 'X' inside each box. Leave the box blank if the statement does not apply. If you want to change your answer, fill in the entire box and mark the correct box with an 'X'.

Example:     or

### Evaluate your trainer's performance

1. The training organisation (& trainer) gave appropriate recognition of my existing knowledge and skills.
2. Training organisation staff respected my background and needs.
3. I developed the knowledge expected from this training.
4. The training prepared me well for work and/or my intended activities.
5. The training had a good mix of theory and practice.
6. I developed the skills expected from this training.
7. Trainers had an excellent knowledge of the subject content.
8. The training focused on relevant skills.
9. Trainers made it clear right from the start what they expected from me.
10. I received useful feedback on my assessments.
11. The way I was assessed was a fair test of my skills and knowledge.
12. Assessments were based on realistic activities.
13. It was always easy to know the standards expected
14. I usually had a clear idea of what was expected of me.
15. Trainers explained things clearly.
16. Trainers made the subject as interesting as possible.
17. Trainers encouraged learners to ask questions
18. The training was flexible enough to meet my needs.
19. The amount of work I had to do was reasonable.
20. I was given enough material to keep up my interest.
21. Overall, I am satisfied with the training.
22. I would recommend the training organisation to others.
23. I would recommend the training to others.

	Strongly Disagree	Disagree	Agree	Strongly Agree
	1	1	1	1
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ADD up your trainers scores!**  
Total possible score = 23

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Evaluate the facilities

- Training facilities and materials were in good condition.
- The training organisation had a range of services to support learners.
- The training used up-to-date facilities.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Evaluate the PPE and equipment resources

- The training used up-to-date PPE, equipment and materials.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Evaluate Myself

- I identified ways to build on my current knowledge and skills.
- I set high standards for myself in the training.
- I looked for my own resources to help me learn.
- I pushed myself to understand things I found confusing.
- I learned to work with people.
- I learned to plan and manage my work.
- I approached trainers if I needed help.
- The training was at the right level of difficulty for me.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Declaration:** I declare that I was a student who actively participated in this course.  
The feedback I have given is a true and accurate account. This is not a fake form.

**Lock this form when completed.**  
You must save the document (click "file" then "save as").