|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainer Name**  **(Name of TAE student)** | |  | | | **Date & Time** | |  | | |
| **Topic of Session Delivered** | |  | | | | | | | |
| **#** | **Question or Statement**  **Legend**  1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree  N/A – not applicable/observed. Check only one box for each statement/question. | | | **1** | **2** | **3** | **4** | **5** | **N/A** |
| 1 | The training facilities and materials were clean and in good condition | | |  |  |  |  |  |  |
| 2 | The training venue had adequate facilities/amenities. | | |  |  |  |  |  |  |
| 3 | The training materials, equipment and resources were up-to-date. | | |  |  |  |  |  |  |
| 4 | The trainer had an excellent knowledge of the subject content. | | |  |  |  |  |  |  |
| 5 | The trainer explained things clearly and made the subject as interesting as possible. | | |  |  |  |  |  |  |
| 6 | The trainer engaged well with me and encouraged me to ask questions. | | |  |  |  |  |  |  |
| 7 | The trainer communicated in a way that was suitable for my learning style and level. | | |  |  |  |  |  |  |
| 8 | The training had a good mix of theory and practice. | | |  |  |  |  |  |  |
| 9 | The trainer demonstrated the skills effectively. | | |  |  |  |  |  |  |
| 10 | The trainer gave me opportunities to practice the skills taught. | | |  |  |  |  |  |  |
| 11 | The trainer applied effective coaching techniques to assist my learning. | | |  |  |  |  |  |  |
| 12 | The learning objectives were achieved. | | |  |  |  |  |  |  |
| **Totals**  (Total the number of ticks in each column to assist in your overall evaluation of the training session) | | | |  |  |  |  |  |  |
| **Comments** –  Please provide written feedback. What went well? Include at least one suggestion for improvement | | | | | | | | | |
|  | | | | | | | | | |
| **Name of participant providing feedback** | | |  | | | | | | |