













Thank you for visiting the Learning Support team and our LLN specialists at BrainstormRTO

We ask you to complete this survey to help us help you with your studies.

The information we gather helps us in our continuous improvement of our services.

Learner Name:	David Nolan
Have you recently visited the LLN specialist at BrainstormRTO	 Yes <input checked="" type="checkbox"/>  No <input type="checkbox"/>
Based on your visit answer the following questions:	 Yes <input checked="" type="checkbox"/>  No <input type="checkbox"/>
Are you happy with the support offered?	 Yes <input checked="" type="checkbox"/>  No <input type="checkbox"/>
Are you happy with the resources provided?	 Yes <input checked="" type="checkbox"/>  No <input type="checkbox"/>
Are you happy with the support strategies being used in the classroom?	 Yes <input checked="" type="checkbox"/>  No <input type="checkbox"/>
Are you happy to visit us again?	 Yes <input checked="" type="checkbox"/>  No <input type="checkbox"/>
Comments All good. Will come back again soon. Thanks	