# Learner Feedback - Workplace-Based Training

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Learner’s Name** |  | | | | | | | | | | |
| **Facilitator’s Name** |  | | | | | | | | | | |
| **Please answer the questions below** | **1**  **Poor** | **2** | | | **3**  **Good** | | **4** | | | **5**  **Excellent** | |
| **Thinking about the workplace-based learning you have received – please rate the overall experience** | **1** | **2** | | | **3** | | **4** | | | **5** | |
| **Thinking about your facilitator – please rate their ability to explain key concepts within the training session.** | **1** | **2** | | | **3** | | **4** | | | **5** | |
| **Overall, what have you found the most useful part of your workplace-based learning program, and why?** |  | | | | | | | | | | |
| **If there was one aspect of your Learning that could be improved, what would it be, and how might we improve it?** |  | | | | | | | | | | |
| **What did your facilitator do well?** |  | | | | | | | | | | |
| **Overall, how would you rate your experience of completing the workplace-based learning sessions?** | **1** | | **2** | | | **3** | | **4** | | | **5** |
| **Are there any other comments or suggestions you would like to make?** |  | | | | | | | | | | |
| **Learner’s Signature** |  | | | **Date** | | | | |  | | |