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**Learning and Development Pre/Post Evaluation Form**

Evaluation is essential to assess achievement and improve future effectiveness of learning and development. This form **must** be completed with your **pre-evaluation scores** and submitted with your booking request. All boxes should be completed. This form will be reissued to you on the day of training for your post evaluation scores to be added.

|  |  |
| --- | --- |
| Name of training course |  |
| Date of course |  |
| Name |  |

Circle/mark a number closest to your view

1 = poor, 2 = below average, 3 = average, 4 = good and 5 = excellent

**Where scoring yourself 4 or 5 in pre-evaluations, please state reason for requesting the course**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| How would you rate your awareness of domestic/sexual violence generally? | | **Pre** | **1** | **2** | **3** | **4** | **5** |
| **Post** | **1** | **2** | **3** | **4** | **5** |
| Any comments: | | | | | | | |
| How confident do you feel in working with victims of domestic/sexual violence? | | **Pre** | **1** | **2** | **3** | **4** | **5** |
| **Post** | **1** | **2** | **3** | **4** | **5** |
| Any comments: | | | | | | | |
| How would you rate your knowledge and skills in working with domestic/sexual violence victims? | | **Pre** | **1** | **2** | **3** | **4** | **5** |
| **Post** | **1** | **2** | **3** | **4** | **5** |
| Any comments: | | | | | | | |
| How would you rate your knowledge and skills in domestic/sexual violence in relation to the area of training being requested? | | **Pre** | **1** | **2** | **3** | **4** | **5** |
| **Post** | **1** | **2** | **3** | **4** | **5** |
| Any comments: | | | | | | | |
|  | |

Please indicate how far you **agree** with each of the following statements. (Please circle)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree |  | Agree |  | Strongly Disagree |
| The training event fully met all of its stated objectives | 5 | 4 | 3 | 2 | 1 |
| Comments: | | | | | |
| The provider/s style & presentation was skilled, professional and encouraged contributions from all | 5 | 4 | 3 | 2 | 1 |
| Comments: | | | | | |
| The handouts/materials used were of a high standard | 5 | 4 | 3 | 2 | 1 |
| Comments: | | | | | |
| My own learning objectives in relation to this event have been met | 5 | 4 | 3 | 2 | 1 |
| Comments: | | | | | |
| In order to evaluate your personal learning, please identify 3 key actions from this course which you will put into practice in the next three months.  1.  2.  3. | | | | | |

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| Any other comments which will help us in the planning of this training event in the future? |

**THANK YOU FOR YOUR COMMENTS**

**Please ensure that you return your completed form to the provider before leaving**