**Evaluation form**

|  |  |
| --- | --- |
| Name |  |
| Course title | Module 2 – Am I an advocate...? |
| Date |  |
| Location |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very poor | Poor | Satisfactory | Good | Very good |
| Location and facilities |  |  |  |  |  |
| Presentation/Materials |  |  |  |  |  |
| Content |  |  |  |  |  |
| Achievement of objectives |  |  |  |  |  |
| Relevance to you |  |  |  |  |  |
| Further comments |  |

|  |  |
| --- | --- |
| Which aspects of the course were most useful? Why? |  |
| Which aspects of the course were least useful? Why? |  |

|  |
| --- |
| What is your general assessment of this training session? (Please circle) |
| Very poor | 1 | 2 | 3 | 4 | 5 | Very good |