
Module 1: CPD Assessment Feedback form



Training Skill Instruction Feedback Form

Training Skill Instruction – Feedback Form			
Workplace			
Learner's name			
Trainer's name			
Name/s of Work Skill Session			
Training date/s and times:	Session 1:		
	Session 2:		
	Session 3:		
Instructions for the learner Please rate your training experience by ticking (☑) the appropriate column beside each question below.	YES	NO	COMMENT
Did the work skill instructor clarify the training process and training objectives with you before the session began?	<input type="checkbox"/>	<input type="checkbox"/>	
Were the learning resources and support materials used clear and helpful?	<input type="checkbox"/>	<input type="checkbox"/>	
Did your training experience match expectations?	<input type="checkbox"/>	<input type="checkbox"/>	

Will the training content help you do your job better?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the work skill instructor appear knowledgeable and confident in their training?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you think the training provided allowed you to practice your skills sufficiently for you to apply the work task objectives in your job?	<input type="checkbox"/>	<input type="checkbox"/>	
Were you encouraged to ask questions throughout the work skill session/s?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you receive specific, useful feedback about your own performance?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the training environment comfortable and suitable?	<input type="checkbox"/>	<input type="checkbox"/>	
Overall, how would you rate:		Good	Reasonable
		Poor	
The work skill instruction process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training materials and documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The work skill instructor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to add any further comments?			

Upon completion please email to : gary.jubb@saj-electric.com