|  |  |  |  |
| --- | --- | --- | --- |
| Name (optional) |  | Venue |  |
| Date / Time |  | Module |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very Poor | Poor | Good | High | Very High |
| The session was well organised |  |  |  |  |  |
| The session was easy to understand |  |  |  |  |  |
| The handouts were suitable |  |  |  |  |  |
| The venue was suitable |  |  |  |  |  |
| All my questions were answered |  |  |  |  |  |

|  |  |
| --- | --- |
| Additional Comments (optional) |  |
|  | |
|  | |
|  | |