

## Feedback form

<b>Name of session</b>	Name of session
<b>Date</b>	Date of session
<b>Facilitator (student name delivering session)</b>	Student name
<b>Team member name (participant attending session)</b>	Team member name

Learning outcomes				
Did the training session meet the outcomes	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Please rate the following by circling your choice 4 = Good      3 = Satisfactory      2 = Poor      1= Unsatisfactory				
Session Content (Student's feedback form questions will vary but must be relevant to the session delivered an example is provided below)				
How would you rate the team building activities?	4	3	2	1
How would you rate the facilitator's communication skills	4	3	2	1
How would you rate the pace of the session	4	3	2	1
How would you rate the duration of the session?	4	3	2	1
Facilitator was easy to understand	4	3	2	1
Comments/feedback/suggested improvements for future sessions				