

# Course Evaluation

To be completed by Course Participant

The Healing Trust strives to provide excellence on its Courses and in order to monitor this provision we would greatly appreciate your taking the time to complete and return this sheet. This information will be treated in confidence.

Venue:				
Title Of Course:				
Date of Course:				
	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Tutor (1)				
Tutor (2)				
Overall rating of Course				
Pre-Course administration				
On Course organisation				
Course content				
Value for money				
Were new concepts explained in a way that you could understand?				
Was there an appropriate balance between the theory and practice?				
Were experience and practical examples used to illustrate the theory?				
Did you have sufficient opportunity to ask questions?				
Please assess the Tutor's communication skills				
How well were the objectives of the Course met?				
Was the pace about right?				
Was the use of visual aids sufficient?				
Was your interest kept at a high level?				
Did the training sequence feel logical?				
Did the Tutor keep on track, i.e. Subject matter relevant to session?				
Did the Tutor summarise sufficiently?				
Did the Tutor make effective use of time available?				

Did the Tutor involve the whole group when appropriate?				
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If you have special needs were they met?				
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Did you find the course notes type face easy to read?				
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Please state how you benefited from the Course <i>(use a separate sheet if necessary)</i>				
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Please identify any areas for improvement not covered above <i>(use a separate sheet if necessary)</i>				
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Will you attend further Healing Trust Courses?	YES	NO		
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Please use this space for any further comments <i>(use a separate sheet if necessary)</i>				
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Please circle the word that best describes your experience as a Healer None Novice Intermittent Several Years Many Years				
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Have you identified any further training needs for yourself as a result of attending the Course?				
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Optional Name: Address: Postcode: Tel:				
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Tutor's (1) Comments:				
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Tutor's (2) Comments:				
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Please return this form to your Tutor or direct to:

The Healing Trust., Bull End. 1 Strixton Manor Business Centre. Strixton, Northants NN29 7PA  
*(If you wish, mark the envelope confidential)*