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| --- | --- | --- | --- | --- | --- | --- |
| **Feedback Form** | | | | | | |
| **Name:** |  | | | | | |
| **Role:** |  | | | | | |
| **Date completed:** |  | | | | | |
| **Instructions**  Please take the time to address each feedback item below by inserting a cross in the relevant category. Provide comments where applicable to help the presenter understand their strengths and weaknesses for self-improvement. | | | | | | |
| **Feedback item** | | **Strongly Agree** | **Agree** | **Disagree** | **Strongly**  **Disagree** | **Comments** |
| The learner’s LLN rating was based on validated tools and sources. | |  |  |  |  |  |
| The spikey profile provided insight into the learner’s performance levels. | |  |  |  |  |  |
| The assessment strategies were relevant. | |  |  |  |  |  |
| The learning resources were customised to suit the learner. | |  |  |  |  |  |
| The learning support strategies were relevant. | |  |  |  |  |  |
| The instructional strategies improved the learner’s LLN skills. | |  |  |  |  |  |
| Specialist advice was used. | |  |  |  |  |  |
| There were gaps in the LLN approach. | |  |  |  |  |  |
| Do you feel you improved your skills as a result of this training session? | |  |  |  |  |  |
| **Other comments:** | |  | | | | |