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| **Facilitator name:** |  | | |
| **Learner name:** |  | | |
| **Date:** |  | | |
| **Location of training:** |  | | |
| **Questions to ask the learner** | | **Yes/No** | **Comments must be provided** |
| 1. Were you (the learner) satisfied with the outcomes achieved? | | Yes  No |  |
| 1. Were you satisfied with the learning relationship developed with your facilitator? | | Yes  No |  |
| 1. Were the learning objectives aligned to your needs? | | Yes  No |  |
| 1. Did the learning process and training techniques suit your learning style? | | Yes  No |  |
| 1. Was the work-based activity relevant to your needs? | | Yes  No |  |
| 1. Was the level of language and terminology used appropriate? | | Yes  No |  |
| 1. Were the learning materials relevant? | | Yes  No |  |
| **General feedback received from learner:** | | | |
|  | | | |
| **Recommend improvements for future sessions:** | | | |
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