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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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