

EVALUATION FORM FOR RISK MANAGEMENT TRAINING COURSES

COURSE TITLE

DATE:

AUDIBILITY	Clearly Heard <input type="checkbox"/>	Just Audible <input type="checkbox"/>	Difficult to Hear <input type="checkbox"/>	Entirely Inaudible <input type="checkbox"/>
Comments				
OVERHEADS	Clearly Read <input type="checkbox"/>	Just Readable <input type="checkbox"/>	Difficult to Read <input type="checkbox"/>	Unreadable <input type="checkbox"/>
Comments				
RAPPORT	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Poor <input type="checkbox"/>
Comments				
ATTENTION HELD	Lively <input type="checkbox"/>	Fairly Lively <input type="checkbox"/>	Rather Dull <input type="checkbox"/>	Monotonous, Boring <input type="checkbox"/>
Comments				
CONTENT	Too Much <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Too Little <input type="checkbox"/>	<input type="checkbox"/>
Comments				
ORGANISATION	Very Clear <input type="checkbox"/>	Clear <input type="checkbox"/>	Difficult to Follow <input type="checkbox"/>	<input type="checkbox"/>
Comments				
USE	Will Help Greatly <input type="checkbox"/>	Helpful <input type="checkbox"/>	Of Some Use <input type="checkbox"/>	No Use <input type="checkbox"/>
Comments				
<u>COMMENTS ON THE GENERAL COURSE</u>				

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM