

Evaluation Form

Name: _____

Date: _____

Training Course Title: _____

(Please circle)

Did you enjoy the training?

Yes

No

The level of training was about right for me.

Yes

No

I now feel more confident as a result of the training.

Yes

No

I can apply the skills and knowledge I have gained.

Yes

No

What was the most important thing for you (good or bad) about attending the training?

What (if anything) has changed for you and your family since you started the training (if applicable)?

Would you recommend the training to others? Why? Why not?

Is there anything you would like to change about the training?

Is there anything else you would like to tell us?

Where did you hear about the training?

Would like to be added to our database to be forwarded details of future training courses? (Please tick) ()

Our courses include: [Sibling Rivalry](#) ()

[Dealing with Challenging Behaviour](#) () [Building Resilience](#) ()

[True Colours](#) () [Mindfulness](#) ()

Email address: _____