

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE



STAFF DEVELOPMENT PROGRAMME

COURSE EVALUATION FORM

Please complete this form and return it to the Personnel Office, to enable us to evaluate the course. Please be as frank as possible – we will welcome constructive criticism.

PARTICIPANT AND COURSE DETAILS

Participant's Name:

Department:

Course Title:

Course Date:

Trainer/Training Organisation:

Reason for attending workshop:

1. Please summarise your opinion of the course by ticking the appropriate box.

	VERY GOOD	GOOD	FAIR	POOR
a) General achievements of the course objectives				
b) Achievements of your specific aims				
c) Effectiveness of Lecturer(s)				
d) Use of Training Aids (if applicable)				
e) Your Overall assessment				

2. What parts of the course did you find particularly useful?

3. Do you have any suggestions as to how the course could be improved?

4. Do you have any general comments on this course?

5. Would you recommend this course?