



Evaluation/Satisfaction Survey

Date: _____/_____/200_____

Student Name *(*optional)*: _____

Program Title: _____

Presenter/Trainer: _____

To assist us in ensuring that our programs meet your needs, we would appreciate you taking a few moments to complete this questionnaire.

1 How well did the program achieve its objectives?

Excellent	Very Good	Good	Fair	Poor

2 How well were your objectives in attending the program met?

3 What is your overall evaluation of the program in terms of:

	Excellent	Very Good	Good	Fair	Poor
Detail/Dept					
Coverage					
Presentatio					
Clarity					
Usefulness					

4 How could the program have been improved? _____

5 How would you evaluate the Program Presenter/Trainer in terms of:

	Excellent	Very Good	Good	Fair	Poor
Presentation Ability					
Subject Knowledge					
Preparation of Material					
Maintaining Participants Interest					
Handling Questions & Issues Raised					

6 How could the presentation be improved? _____

7 What other courses would you like AVTES to offer? _____

8 How did you become aware of this program?

(please ✓ appropriate box)

Notice from AVTES

Newspaper Advertisement

From Friends/Employers/Workmates

From Publicity Posters

From the Radio

Other *(*please specify)*: _____

9 Do you have any further comments or suggestions? _____

The results of this survey are used to provide valuable feedback on the services AVTES provides and assists in meeting a range of quality standards that are required of Registered Training Organisations. Results and comments made within the survey may also be used in marketing material produced by or on behalf of Australian Vocational Training & Employment Services Pty. Ltd. (AVTES).

