



# Student Evaluation Questionnaire

We hope that you have found the training process a simple, friendly, straightforward and worthwhile exercise.

We take pride in providing a customer focused service. To ensure that our service is customer focused we wish to ask you, the customer, about the service we are providing.

Accordingly, we request that you complete the following questionnaire and return same to our office in the pre-paid envelope provided so that we can evaluate any area in which improvements can be made to our services.

**Your assistance and co-operation in this matter is greatly appreciated.**



Name: \_\_\_\_\_ (\*no obligation)

## Instructions

Please complete the questionnaire by **circling the one number** that best describes your answer to each question. Please read each question carefully. For surveys returning by mail, please place the completed questionnaire in the reply-paid envelope provided and post same within 14 days.

### Q1. How strongly do you agree or disagree with the following statements about your course at AVTES?

(\*circle only one number for each statement)

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know/ Not Applicable
a. You got all of the information you needed to make choices about courses/modules	1	2	3	4	5	6
b. The information given to you by AVTES gave you a clear idea of where the courses/modules might lead in terms of future career and job prospects	1	2	3	4	5	6
c. You were given a clear idea of what you could achieve by the end of the course/module	1	2	3	4	5	6
d. The topics covered in the course/module are/were interesting	1	2	3	4	5	6
e. The topics covered in the course/module are/were sufficiently challenging for you	1	2	3	4	5	6
f. The way in which you are developing/developed skills through the course/module matches the skill you are/were required to develop on-the-job	1	2	3	4	5	6
g. The teachers/trainers have/had good knowledge of the subject they are/were teaching	1	2	3	4	5	6
h. You are/were easily able to talk to your teachers/trainer when required	1	2	3	4	5	6
i. You feel you will be able to/can use what you have learned in the course/module on-the-job/in every day life	1	2	3	4	5	6

## Q2. Your views on the training program

How would you rate (on average) the following aspects of the training program you have just completed?

(\*circle only one number for each statement using the scale below)

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
1	2	3	4	5	N/A

		STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	NOT APPLICABLE
	<b>TRAINING/ASSESSMENT</b>	1	2	3	4	5	N/A
1	The trainer/assessor motivated me to do my best	1	2	3	4	5	N/A
2	The trainer/assessor put a lot of time into discussing and commenting on my program tasks with me	1	2	3	4	5	N/A
3	The trainer/assessor made a real effort to understand the difficulties I might be having with my training	1	2	3	4	5	N/A
4	The trainer/assessor normally gave me helpful feedback on how I was going in a positive manner	1	2	3	4	5	N/A
5	The trainer/assessor was extremely good at explaining things	1	2	3	4	5	N/A
6	The trainer/assessor worked hard to make each unit interesting	1	2	3	4	5	N/A
7	Assessments carried out were reliable, valid, flexible and fair	1	2	3	4	5	N/A
	<b>LEARNING/ASSESSMENT RESOURCES</b>	1	2	3	4	5	N/A
8	Resources were appropriate for my needs	1	2	3	4	5	N/A
9	It was made clear what resources were available to help me learn	1	2	3	4	5	N/A
10	The study materials were clear and concise	1	2	3	4	5	N/A
11	Training materials were relevant and up to date	1	2	3	4	5	N/A
12	Assessment methods and materials were discussed	1	2	3	4	5	N/A
13	Assessment materials used were appropriate	1	2	3	4	5	N/A
	<b>STUDENT SUPPORT</b>	1	2	3	4	5	N/A
14	I was able to access support when I needed	1	2	3	4	5	N/A
15	I was satisfied with the advice provided	1	2	3	4	5	N/A
16	Relevant learning resources were accessible when I needed them	1	2	3	4	5	N/A
	<b>GENERIC SKILLS</b>	1	2	3	4	5	N/A
17	The training has made me a better problem solver	1	2	3	4	5	N/A
18	The training helped me to work out how to do new things	1	2	3	4	5	N/A
19	The training helped me develop my ability to work better in a team	1	2	3	4	5	N/A
20	As a result of my training, I am confident to try and handle new problems and use initiative	1	2	3	4	5	N/A
21	The training improved my written skills	1	2	3	4	5	N/A
22	The training helped me to develop skills in planning my own work or tasks	1	2	3	4	5	N/A
23	As a result of the training I have learnt more about my industry	1	2	3	4	5	N/A
	<b>WORKPLACE TRAINING</b>	1	2	3	4	5	N/A
24	The flexible learning approach was an effective method of learning for me	1	2	3	4	5	N/A
25	Workplace training has helped improve my work performance	1	2	3	4	5	N/A

**Q3. Thinking in general about the course you are undertaking (or have undertaken) at AVTES, how would you rate your course/module overall?**

*(\*circle only one number in the scale below)*

Poor	Fair	Good	Very Good	Excellent	Don't Know
1	2	3	4	5	6

**Q4. Please feel free to make any other comments you feel appropriate, eg. what did you gain from the training program?**

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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).

### Internal Use Only

Questionnaire Results Entered onto current Survey Register?  YES  NO

Completed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/200\_\_\_\_

Outcome of Questionnaire Satisfactory?  YES  NO

If NO, the following section is to be completed:

Responsible Parties	
Training Co-Ordinator -	
Director -	
Follow up undertaken? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of Discussions: ____/____/200____
Resolution Achieved? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Entered on Survey Register: ____/____/200____

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/200\_\_\_\_