|  |  |
| --- | --- |
| Title of session  |  |
| Date |  |
| Tutor |  |
| Learner stage of training |  |

How would you rate your knowledge on this topic before the session? (Please circle)

No knowledge Very knowledgeable

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

How would you rate your knowledge on this topic after the session? (Please circle)

No knowledge Very knowledgeable

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Was the session relevant for your learning needs? (Please tick)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
|  |  |  |  |  |

|  |
| --- |
| Was the chosen teaching method appropriate for the learning objectives? (Please tick) |
| Yes | No |
| Why? |
|  |

|  |
| --- |
| Please give one good statement about the teaching.  |
|  |
| Please give one area for improvement. (Consider interactivity, pace, level of content…) |
|  |
| What key learning point will you take away from the session? |
|  |