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| Course Evaluation |
|  |
| **Name:**  |  |
| **Submission Date:**  |  |
| **Course:**  |  |
|  |
| **What is your role/experience working with children in care?** |
| **Answer :** |
| * **How did you find out about Section 31 Training?**
 |
| **Answer :** |
| * **What was the most useful part of the training for you, and why?**
 |
| **Answer :** |
| * **What do you think you might do differently as a result of completing the course?**
 |
| **Answer :** |
| * **Do you feel you can relate the content to the children you look after/work with?**
 |
| **Answer :** |
| **I feel this training will be helpful in my work** |
| **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| **I would recommend this course to somebody else**  |
| **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |

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| --- |
| * **Overall Review**
 |
| **Answer :** |