## Module 1: Comms Tech Assessment Feedbacklogo

### Training Skill Instruction Feedback Form

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| **Training Skill Instruction – Feedback Form** |
| Workplace  |  |
| Learner’s name |  |
| Trainer’s name |  |
| Name/s of Work Skill Session  |  |
| Training date/s and times: | Session 1: |
|  | Session 2: |
|  | Session 3: |
| **Instructions for the learner**Please rate your training experience by ticking (🗹) the appropriate column beside each question below. | **YES** | **NO** | **COMMENT** |
| Did the work skill instructor clarify the training process and training objectives with you before the session began? |[ ] [ ]   |
| Were the learning resources and support materials used clear and helpful? |[ ] [ ]   |
| Did your training experience match expectations? |[ ] [ ]   |
| Will the training content help you do your job better? |[ ] [ ]   |
| Did the work skill instructor appear knowledgeable and confident in their training? |[ ] [ ]   |
| Do you think the training provided allowed you to practice your skills sufficiently for you to apply the work task objectives in your job? |[ ] [ ]   |
| Were you encouraged to ask questions throughout the work skill session/s?  |[ ] [ ]   |
| Did you receive specific, useful feedback about your own performance? |[ ] [ ]   |
| Was the training environment comfortable and suitable? |[ ] [ ]   |
| **Overall, how would you rate:** | **Good** | **Reasonable** | **Poor** |
| The work skill instruction process? |[ ] [ ] [ ]
| The training materials and documentation? |[ ] [ ] [ ]
| The work skill instructor? |[ ] [ ] [ ]
| **Would you like to add any further comments?** |
|  |

Upon completion please email to : gary.jubb@saj-electric.com