## 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