



SERVICES SOCIAUX HELLÉNIQUES DU QUÉBEC
 HELLENIC SOCIAL SERVICES OF QUEBEC
 ΚΟΙΝΩΝΙΚΕΣ ΥΠΗΡΕΣΙΕΣ

COURSES/TRAINING:

- P.I.E.D.
- COMPUTER
- FRENCH

PARTICIPANTS

EVALUATION FORM

NAME OF TRAINING: _____

DATE : _____ **INSTRUCTOR' NAME:** _____

Please indicate your satisfaction level towards each of the descriptions below and circle the corresponding number.

1 = totally don't agree	2 = don't agree	3 = more or less agree	4 = agree	5 = totally agree	
I was motivated to participate in this training	1	2	3	4	5
The training objectives were clear and precise	1	2	3	4	5
The content of the training met my needs	1	2	3	4	5
Teaching techniques made learning easy	1	2	3	4	5
The exercises and activities were relevant	1	2	3	4	5
The instructor was dynamic and communicated clearly	1	2	3	4	5
The instructor respected the learning pace of the participants	1	2	3	4	5
This training helped me get a higher level of knowledge and skills	1	2	3	4	5
I plan to apply the new skills I learned	1	2	3	4	5
I would recommend this training to friends	1	2	3	4	5

Were the goals achieved?

YES ___ NO ___

Comments and recommendations:

NAME: _____ **Telephone :** _____
 (optional)