**ADI ONLINE COURSE FEEDBACK FORM**

Please complete the following evaluation; your feedback will help improve future trainings

*Please tick in the corresponding box*

1. **Did the training meet your expectation?**

 Met expectation Met some expectation Did not meet expectation

1. **Did you learn skills that you/your organization could apply to work? …………………………………….**
2. **What are these skills? ..............................................................................................................**

**……………………………………………………………………………………………………………………………………………….**

1. **Were your course tutor(s) supportive and engaging on the subjects/ assignments?**

 **Very Good Good Fair Poor**

1. **Would you be happy to take another of our courses online? .............................................**
2. **Based on this training, are there issues/topics you feel should be further explored in future trainings? (List)....................................................................................................................**
3. **How do you rate this training (Overall)? (1-10)....................................................................**
4. **Any additional comment/ suggestion(s)? ............................................................................**

**.........................................................................................................................................**

1. **Would you want to be reached for future trainings? If Yes, pls give Name & contact details**

**……………………………………………………………………………………………………………………………………………**

1. **Do you have a counselling practice already? What is the name of your practise and contact details? …………………………………………………………………………………………………………………………………**

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