



training session forms post-session review



SCHOOL:			
CAMPUS (if applicable):			
SUBURB / TOWN:			
	STATE:		POSTCODE:
DATE OF SESSION:			

School role of person completing this review: Teacher Administrator Leadership Other:

TIMING:

The one hour timeframe for this session was: Too short Just right Too long

Comments: _____

Please rate the following with a tick on the scale (1 for low/poor, 5 for high/excellent)

CONTENT:

1. The content of the presentation was appropriate. 1 2 3 4 5

Comment: _____

2. My understanding and knowledge of asthma was increased. 1 2 3 4 5

Comment: _____

3. I now feel confident to manage an asthma emergency. 1 2 3 4 5

Comment: _____

PRESENTATION:

4. The trainer was knowledgeable and confident. 1 2 3 4 5

Comment: _____

5. The training slides were clear and concise. 1 2 3 4 5

Comment: _____

6. Information presented was of a suitable standard. 1 2 3 4 5

Comment: _____

Any further comments: _____

Thank you for taking the time to complete this session review

PLEASE RETURN YOUR FORM TO THE ASTHMA SESSION TRAINER



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