



# training session forms trainer's feedback



|                                |               |  |                  |  |
|--------------------------------|---------------|--|------------------|--|
| <b>SCHOOL:</b>                 |               |  |                  |  |
| <b>CAMPUS (if applicable):</b> |               |  |                  |  |
| <b>SUBURB / TOWN:</b>          |               |  |                  |  |
|                                | <b>STATE:</b> |  | <b>POSTCODE:</b> |  |
| <b>DATE OF SESSION:</b>        |               |  |                  |  |

|                      |  |
|----------------------|--|
| <b>AFS TRAINER:</b>  |  |
| <b>ORGANISATION:</b> |  |

### INSTRUCTIONS:

Ensure that the names of all attendees are recorded on the **staff attendance record**. The AFS contact person can do this or pass sheet around (ensure school gets a copy).

If using the *optional*\* **pre-session quiz** distribute when setting up – collect before start. At the end provide at least 3 **post-session review sheets** – collect completed forms.

*\*use of this form is optional – AFS Coordinator in your state to advise*

Complete your feedback below and provide your Asthma Foundation's AFS Coordinator with this sheet, staff attendance sheet and any review and quiz sheets (post, fax, email).

| <b>TRAINER'S FEEDBACK</b>                                                                   | Please rate the following with a tick on the scale<br>(1 for low/poor, 5 for high/excellent) |   |   |   |   |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---|---|---|---|
| 1. You were able to complete session, adequately covering all sections in one hour          | 1                                                                                            | 2 | 3 | 4 | 5 |
| 2. Your level of satisfaction with the school's attitude and organisation for this session  | 1                                                                                            | 2 | 3 | 4 | 5 |
| 3. Your level of satisfaction of school staff interaction throughout this training session  | 1                                                                                            | 2 | 3 | 4 | 5 |
| 4. Your level of satisfaction with the Foundation's organisation processes for this session | 1                                                                                            | 2 | 3 | 4 | 5 |

Issues / comments for the Asthma Foundation AFS Coordinator:

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Any queries/questions (not covered by Package) requiring follow up:

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