



# 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 (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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