



training session forms trainer's feedback



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

AFS TRAINER:	
ORGANISATION:	

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).

TRAINER'S FEEDBACK	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:

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



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