



## EVALUATION FORM

<b>STUDENT NAME:</b> (Optional)			
<b>COURSE TITLE:</b>			
<b>UNIT CODE:</b>		<b>DATE:</b>	

<b>Tell us about your experience with ACCS</b> <i>(Please mark the most appropriate response)</i>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
ACCS staff respected my background and needs					
I received useful feedback on my assessments					
Trainers explained things clearly					
I received appropriate recognition of existing knowledge and skills					
It was made clear right from the start what would be expected from me					

<b>Tell us about your learning experience</b> <i>(Please mark the most appropriate response)</i>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
The training prepared me well for work					
Overall I am satisfied with the training					
The amount of work I had to do was reasonable					
The training was flexible enough to meet my needs					

Do you have any suggestions about how this training can be improved or any other comments?
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