



Nottinghamshire
County Council

Adult & Community Learning Service Learner Course Evaluation ACLS 02

ACLS 02

Can you help us by answering some questions about your course? We will use your answers to see where things are going well or where we need to improve.

We value your feedback and assure you that the information will be treated with confidentiality.

Name: (optional) Date:

Provider Venue

Course Day Time

Course Reference Number (to be completed by tutor/provider)

Please put a tick in the appropriate box and write any additional comments in the space provided at the end of this form. (1 = excellent to 4 = poor)

	1 	2	3	4
1. How good was the enrolment process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How good was the tutor at:				
• explaining what you would be doing in each session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• using a variety of activities to teach the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• giving feedback on how to improve your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• letting you know what progress you were making?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How good were the handouts and materials used on the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How good was the venue for the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How good was the support you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick to indicate whether or not you agree with the following statements (A=agree, N=neither agree nor disagree, D=disagree)

	A 	N	D
6. This course met my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My learning needs were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I was treated with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt safe on my course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Did the class start and end on time? Yes No
11. At the end of the course, do you: Yes No N/A
- intend to join a course that will improve your skills/develop further interests?
 - intend to join a course that will improve your skills and get you a qualification?
12. Having undertaken this course do you feel: Yes No N/A
- your personal goals on your Individual Learning Plan were achieved?
 - more confident in your ability to learn?
 - more likely to get involved in local community, school or voluntary activities?
 - it will help you get a new job or promotion?
 - it will help you in your current job?
 - more able to help and support your child/children?
 - more aware of the importance of health and wellbeing issues?
13. Has anyone spoken to you or have you received any information or advice about other courses you may be able to do next? Yes No
14. Have you used child care to help you to attend your learning?

If yes, was it? *Excellent* *Good* *Satisfactory* *Poor*

15. How did you find out about the course? Leaflet Word of Mouth Local Newspaper Other
- Please specify*
16. Do you have any suggestions to improve the quality of your course, general comments or ideas on new courses we could offer or any other information?
-

17. Can you briefly describe what difference this course has made to you?
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Thank you for your time and help in completing this form.