



THE CENTRE OF EXCELLENCE

Cluster Student Feedback Form

Effectiveness: 1 = Strongly Agree, 2 = Agree, 3 = Uncertain, 4 = Disagree, 5 = Strongly Disagree

Qualification:		Unit Name	
Students Name		Trainers Name:	

SECTION A: THE TRAINER

Circle your choice

Explained the objectives of the unit.	1	2	3	4	5
Had a good understanding of the subject material.	1	2	3	4	5
Was well prepared and presented the material in an organised manner.	1	2	3	4	5
Was friendly towards Students.	1	2	3	4	5
Was enthusiastic and interacted well with the class.	1	2	3	4	5
Made you feel welcome and encouraged you to seek assistance in and out of class time.	1	2	3	4	5
Was accessible for assistance out of class time.	1	2	3	4	5
Was able to explain the subject material clearly.	1	2	3	4	5
Overall, you were satisfied with the Trainer	1	2	3	4	5

SECTION B: THE CLASS

Circle your choice

You had a clear understanding of what you were learning in the unit.	1	2	3	4	5
Course materials and resources supported your learning.	1	2	3	4	5
Sufficient resources were available when required.	1	2	3	4	5
The learning activities assisted your understanding of the subject material.	1	2	3	4	5
The class facilities were adequate for the unit.	1	2	3	4	5
You learned and understood the subject materials in this class.	1	2	3	4	5
Students were encouraged to participate in class discussions.	1	2	3	4	5
Students were asked to share their ideas and knowledge.	1	2	3	4	5
Students were encouraged to ask questions.	1	2	3	4	5
Helpful feedback was provided to you throughout the unit.	1	2	3	4	5
Overall, you were satisfied with the class	1	2	3	4	5

SECTION C: THE ASSESSMENT

Circle your choice

Assessment requirements and marking criteria were made clear to you at the beginning of the course.	1	2	3	4	5
The Assessment corresponded to the skill and knowledge required to meet the unit requirements.	1	2	3	4	5
The Assessment was fair and reasonable.	1	2	3	4	5
The Assessment contributed to your understanding of the unit.	1	2	3	4	5
Overall, you were satisfied with the assessment	1	2	3	4	5

SECTION D: THE SUPPORT SERVICES AND FACILITIES

circle your choice - how do you feel the support services are

Financial services	1	2	3	4	5
Welfare services	1	2	3	4	5
Numeracy and Literacy services	1	2	3	4	5
Campuses Facilities	1	2	3	4	5
Overall, you were satisfied with the services	1	2	3	4	5

COMMENTS:

Please comment on two aspects of our training and assessment that you found particularly good during this unit.
Please give comments on two aspects of our training, assessment and facilities that you would like to see improved.

Student Sign: _____

Date: _____

Trainer Sign: _____

Date: _____