Feedback form

Name of session	Name of session
Date	Date of session
Facilitator (student name delivering session)	Student name
Team member name (participant attending session)	Team member name

Learning outcomes				
Did the training session meet the outcomes	☐ Yes		☐ No	
Please rate the following by circling your choice **4 = Good 3 = Satisfactory 2 = Poor 1= Unsatisfactory**				
Session Content (Student's feedback form questions will vary but must be relevant to the session delivered an example is provided below)				
How would you rate the team building activities?	4	3	2	1
How would you rate the facilitator's communication skills	4	3	2	1
How would you rate the pace of the session	4	3	2	1
How would you rate the duration of the session?	4	3	2	1
Facilitator was easy to understand	4	3	2	1
Comments/feedback/suggested improvements for future sessions				