



Sharing knowledge in enjoying DS leisure

Evaluation of the Train the trainer

PROGRAM FOR IMPROVING QUALITY OF LIFE OF PERSONS WITH DOWN SYNDROME THROUGH INCLUSIVE LEISURE DS LEISURE

We are always keen to receive your views on the training we deliver. The feedback you give allows us to continually adapt training to better suit your needs. We would appreciate it if you could spend a few minutes filling in this form before you leave. Please hand it to the trainer when you have finished.

INFORMATION ABOUT THE OBJECTIVE

Result	Rating			
	More than inadequate	Inadequate	Enough	More than enough
To what extent was the objective of this training clear to you prior to the training?	A	B	C	D
To what extent did you set personal goals for the training to prepare yourself?	A	B	C	D
Note:				



INSIGHT IN YOUR PERSONAL SKILLS

Result	Rating			
	More than inadequate	Inadequate	Enough	More than enough
In what extent has your skill been enhanced by following the training?	A	B	C	D
To what extent did you get more insight through the training where your points for improvement are regarding the objective of the training?	A	B	C	D
Note:				



FINAL EVALUATION: BY THE ORGANIZATION GOVERNED LEARNING OBJECTIVES

Result	Rating			
	More than inadequate	Inadequate	Enough	More than enough
To what extent do you think the organization goal has been achieved as formulated prior to the training?	A	B	C	D
How do you rate your own attitude in the context of achieving this objective?	A	B	C	D
How do you rate the attitude / contribution of your colleagues / participants in the context of achieving the objective?	A	B	C	D
How do you rate the contribution of the trainer in the context of achieving the objective?	A	B	C	D
Note:				

Date:

Location of training:

Thank you for your feedback!