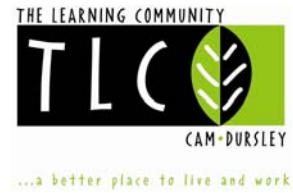




LEARNER FEEDBACK FORM



Name	
Course Title	
Venue	
Start Date	
Tutor	

1. How have you found the course? (Please tick ✓)

Excellent Good Fair Poor

2. What could make the course better next time?

3. What did you like best about the course?

4. What are you going to do now?

5. What sort of help would you need to do that?

6. What courses would you like us to run in the future?

7. Has this course altered the way you feel about yourself?

YES / NO

If yes please explain how

Signed

Date

Thank you

You can also find this form online - www.gl11.org.uk