

Course Evaluation
Sit and See Observers training

Facilitator:	Date:
Your role/ Job title	
Organisation	

Please take a few moments to answer the following questions, which will be used to assist us in meeting the needs of future Sit & See Observation training. **We thank you!**

Course content

Please circle the appropriate box

Area of course	Poor	Adequate	Average	Good	Excellent
Course content	1	2	3	4	5
Pace of session	1	2	3	4	5
Hand outs	1	2	3	4	5
Meeting the course success criteria	1	2	3	4	5

Additional Comments

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The facilitator

Please circle the appropriate box

	Poor	Adequate	Average	Good	Excellent
Knowledge of subject matter	1	2	3	4	5
Communication of material	1	2	3	4	5
Response to questions	1	2	3	4	5
Rapport with participants	1	2	3	4	5
Support of reflected learning	1	2	3	4	5

Additional Comments

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Additional questions

How has the course influenced your thoughts about care and compassion?	
Do you have any suggestions on how we could improve this programme?	
Any other comments	

**May we use your comments/quotes (anonymously) regarding the Sit & See Tool?
YES/NO.**