

# Trainer Assessor Feedback Form



This form is used by trainers and assessors to provide management with feedback on any aspect of their interaction with EnerTrain training and assessment services, operations and administration.

Your Name:	
Your Role:	<input type="checkbox"/> Trainer <input type="checkbox"/> Assessor <input type="checkbox"/> Consultant <input type="checkbox"/> Instructional Designer
Today's Date:	

Complete the following if relevant:

Program Name:												
Program Date(s):												
Student Name(s):												
Client Name(s):												
When this feedback is being provided:	Area(s) related to your feedback:											
<input type="checkbox"/> Prior to program/course <input type="checkbox"/> Program/course commencement <input type="checkbox"/> Mid program/course <input type="checkbox"/> Program/course completion <input type="checkbox"/> Other (please specify)	<table border="0"> <tr> <td><input type="checkbox"/> Administration</td> <td><input type="checkbox"/> Training</td> </tr> <tr> <td><input type="checkbox"/> Assessment</td> <td><input type="checkbox"/> Delivery resources</td> </tr> <tr> <td><input type="checkbox"/> Venue</td> <td><input type="checkbox"/> Client workplace</td> </tr> <tr> <td><input type="checkbox"/> Equipment</td> <td><input type="checkbox"/> Student</td> </tr> <tr> <td><input type="checkbox"/> Client</td> <td><input type="checkbox"/> Other (please specify)</td> </tr> </table>		<input type="checkbox"/> Administration	<input type="checkbox"/> Training	<input type="checkbox"/> Assessment	<input type="checkbox"/> Delivery resources	<input type="checkbox"/> Venue	<input type="checkbox"/> Client workplace	<input type="checkbox"/> Equipment	<input type="checkbox"/> Student	<input type="checkbox"/> Client	<input type="checkbox"/> Other (please specify)
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Feedback:

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Summary of actions required:

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OFFICE USE ONLY			
Actions completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Further action required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Continuous Improvement Register?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Comments:			
Processed by:		Date:	