



training session forms post-session review



| | | | |
|--------------------------------|---------------|--|------------------|
| SCHOOL: | | | |
| CAMPUS (if applicable): | | | |
| SUBURB / TOWN: | | | |
| | STATE: | | POSTCODE: |
| DATE OF SESSION: | | | |

School role of person completing this review: Teacher Administrator Leadership Other:

TIMING:

The one hour timeframe for this session was: Too short Just right Too long

Comments: _____

Please rate the following with a tick on the scale (1 for low/poor, 5 for high/excellent)

CONTENT:

1. The content of the presentation was appropriate. 1 2 3 4 5

Comment: _____

2. My understanding and knowledge of asthma was increased. 1 2 3 4 5

Comment: _____

3. I now feel confident to manage an asthma emergency. 1 2 3 4 5

Comment: _____

PRESENTATION:

4. The trainer was knowledgeable and confident. 1 2 3 4 5

Comment: _____

5. The training slides were clear and concise. 1 2 3 4 5

Comment: _____

6. Information presented was of a suitable standard. 1 2 3 4 5

Comment: _____

Any further comments: _____

Thank you for taking the time to complete this session review

PLEASE RETURN YOUR FORM TO THE ASTHMA SESSION TRAINER



Funded by the Australian Government Department of Health and Ageing

