



# training session forms post-session review



<b>SCHOOL:</b>				
<b>CAMPUS (if applicable):</b>				
<b>SUBURB / TOWN:</b>				
	<b>STATE:</b>		<b>POSTCODE:</b>	
<b>DATE OF SESSION:</b>				

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



Please return completed form by post, fax or email to: The Asthma Foundation Victoria | 491-495 King Street WEST MELBOURNE VIC 3003  
Fascimile: +61 3 9326 7055 | Email: schools@asthma.org.au | For more information visit our website: www.asthmafriendlyschools.org.au

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