CUSTOMER Feedback Form

|  |  |
| --- | --- |
| Course: | |
| Training Location: | Date: |
| Trainer Name: |  |

As a customer of Catch training we welcome your comments about your course. Please complete the following survey so that we can continue to offer the best service possible to both our customers. Please mark the column for each item that represents your experience throughout the training.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course** | Poor | Average | Good | Excellent |
| Quality of facility |  |  |  |  |
| Quality of equipment |  |  |  |  |
| Your trainer |  |  |  |  |
| Course overall |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Materials** | Poor | Average | Good | Excellent |
| Presentations |  |  |  |  |
| Learning Guides |  |  |  |  |
| Activity Books |  |  |  |  |
| Assessment Materials |  |  |  |  |
| Materials overall |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How easy was it to deal with Catch?** | Poor | Average | Good | Excellent |
| Communication |  |  |  |  |
| Responsiveness to your needs / queries leading up to the course |  |  |  |  |
| Administration of course |  |  |  |  |

Comments:

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