

Course Reference Number _____

DATES: _____

LOCATION/AGENCY: _____

TRAINER(S): _____

What did you want to achieve from attending this course?

Did the course meet your expectations and to what extent? Please explain.

Yes _____ No _____

How would you rate the ability of the trainer(s) to help you learn? Please explain.

Did the administration of this course provide a good learning environment for you? (facilities, equipment, time, dates, breaks, registration, correspondence...) Please explain.

AFLCA PARTICIPANT EVALUATION

What did you like best about the course? Please explain.

What changes would you make if you ran this course?

Additional comments, ideas, suggestions, concerns...

If you wish to have someone from the AFLCA Office contact you to discuss your feedback, please leave your:

Name: _____

Phone Number: _____

All feedback and conversations are confidential.

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