

#  Trainer Course Evaluation Form

Trainer name:

Course Title: Date:

* Please enter the details of the course you delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* In which country did you deliver the course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Were the intended learning outcomes stated at the start of the course?

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* Were the intended learning outcomes stated explicitly within the learning materials?

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* Please rate your level of agreement with the following statements:
* The participants were able to achieve their learning outcomes within knowledge based session
* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree
* The participants were able to achieve their learning outcomes within skills sessions
* Strongly agree
* Agree
* Neutral
* Disagree
* Strongly disagree
* Were there any aspects of the course which you feel did not run as well as you would have liked or ran better than expected? If so, please detail below

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* Have the teaching methods used enabled effective learning?

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* Was the time given to the theoretical or practical part of the course sufficient to meet the course objectives? If not, please suggest.

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* Were the contents of the theoretical or practical part of the course suitable for the title of the course?

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* Were the learning materials up to date?

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* Were the learning materials suitable for the course?

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* Were the technical resources adequate to meet specified intended learning outcome?

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* Were the teaching areas fit the purpose?

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* Were the general information and support from the organizing center suitable?

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* Were the number of trainers sufficient to meet the objectives of the course?

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* Please rate your overall experience as a faculty member on this course from 1 to 5

(1= Very satisfied, 2= Satisfied, 3= Fair, 4= Not satisfied, 5= Disappointing)

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Signature

Date

**ARAB SCHOOL OF UROLOGY**

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