

Student Feedback



This evaluation should be used at the end of a training program, or each year of a multi-year program.

Please complete this questionnaire to assist in the evaluation of the effectiveness of the program and the teaching. The information you provide will be used to improve future programs and teaching effectiveness. Please be honest and constructive with your feedback. Note that you do not have to identify yourself, only your program.

You may place your completed Student Feedback Form into a suggestion box, located at each campus, or complete it online at:

http://www.widebay.tafe.qld.gov.au/about_us/student_feedback_form.php.

Teacher name: Course/program code:

Course/program name:

Date: / / Gender: Male Female

Campus: Bundaberg Gympie Hervey Bay Maryborough Other

Mode of study: Full time Part time External School based trainee/apprentice
 Trainee Apprentice - block release Apprentice - day release

Age group: 15 – 19 20 – 25 26 – 35 36 – 45 46 – 55 56 and over

Current employment status: Full-time employee Part-time employee Self-employed
 Employer Not employed – seeking work Not employed – not seeking work

Delivery Strategy: Teacher-directed Self-paced Online
 On-the-job Mixed delivery – combination of methods

1. Please indicate your level of satisfaction with the support services you accessed, either on campus or via your teacher:

	Very satisfied	Satisfied	Undecided	Not satisfied	Did not access
Library services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language, literacy and numeracy support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indigenous support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In this section, please indicate your level of satisfaction with the course in helping you prepare for the workforce and/or further study, with:

	Very satisfied	Satisfied	Undecided	Not satisfied	Not applicable
Developing theoretical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing technical/practical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing independent learning skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing course specific, literacy/numeracy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In this section, please indicate your level of satisfaction with the delivery of the course/training program:

	Very satisfied	Satisfied	Undecided	Not satisfied	Not applicable
Learning materials were relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning materials were clear and organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content, of the subjects or courses or units of competency, was clearly explained and well presented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support from teacher/s, in my learning, was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In this section, please indicate your level of satisfaction with our assessment process:	Very satisfied	Satisfied	Undecided	Not satisfied	Not applicable
Overall training and assessment requirements were clearly explained at the commencement of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment criteria were provided before each assessment and were clearly stated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback received on assessment was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Trainees/Apprentices ONLY

Please indicate your satisfaction with the following workplace-related matters:	Very satisfied	Satisfied	Undecided	Not satisfied	Not applicable
Your employer supported and assisted your learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient access was provided to equipment and/or materials on the job (eg tools, cash register, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your employer provided relevant and timely feedback on your progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Overall, please indicate your level of satisfaction with the course/program of study:	Very satisfied	Satisfied	Undecided	Not satisfied	Not applicable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide comments on any aspects of your training program:

7. Do you wish to receive feedback on your comments? Please pass on my comments. No feedback is required.
 I wish to be contacted in relation to my comments.

Contact details are required if feedback is requested. The Department of Education, Training and the Arts is collecting the information on this form to improve future courses and teaching effectiveness. This information is required by the Australian Quality Training Framework 2007. Only authorised departmental officers have access to this information. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law.

Name: Contact number:

Email: Mobile:

8. Are you considering further study at this institute? Yes No

What programs or areas of study are you interested in, or considering doing next?

9. Would you like your name included on a mailing list for future programs? Yes No

Completed forms are forwarded to Business Improvement

Business Improvement – Office use only

Survey Log Number:

Processed Date:

Signature:

If, yes to question 7 forward details to Customer Care

BIR Reference: (where appropriate)