

# Short Program Feedback

This evaluation should be used by the program/course Teacher/Coordinator to gauge students' perceptions of program effectiveness (for programs less than one term in duration).

Teacher name:

Course/program name:

Course/program code:  Program length:

Date:  /  /

Gender:  Male  Female

Campus:  Bundaberg  Gympie  Hervey Bay  Maryborough  Other

Mode of study:  Full time  Part time  External

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  On-line  
 On-the-job  Mixed delivery – combination of methods

**Please indicate your level of satisfaction with the delivery and assessment of the program:**

	Very satisfied	Satisfied	Undecided	Not satisfied	Not applicable
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- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The pre-enrolment information was helpful (this included a Wide Bay Institute student handbook).                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The orientation session provided me with a good overview of my course/program (this included a course specific orientation booklet). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Learning materials were clear and organised.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The content, of the subjects or modules 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"/> |
| 5. Support from teachers/tutors, in my learning, was helpful.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The Delivery and Assessment Plan, received at start of study, clearly showed all the requirements.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 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"/> |
| 8. Feedback received on assessment was useful.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Please write any comments about assessment below or at section 13  |                          |                          |                          |                          |                          |

Very satisfied   Satisfied   Undecided   Not satisfied   Not applicable

10. Overall, please indicate your level of satisfaction with this program of study

          

11. Would you like your name included on a mailing list for future programs?

Yes    No

12. Are you considering further study at this Institute?

Yes    No

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

13. Please write any additional comments/constructive feedback below:

14. 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. 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:

Completed forms are forwarded to Business Improvement for data recording. Summary Reports will be posted the Intranet for review.

Business Improvement - Office use only

Survey Log Number:

Processed Date:

Signature:

If, yes to question forward referral via EPIC to Customer Care.

BIR Reference: (where appropriate)