**FACILITATOR REPORT**

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| --- | --- |
| Date: | 06/02/2018 |
| Course Name: | Click or tap here to enter text. |
| Course Duration | Click or tap here to enter text. |
| Actual N° of Delegates: | Click or tap here to enter text. |
| Company Location/Client Name on Site: | Click or tap here to enter text. |
| Actual Start and Finish Times: | Click or tap here to enter text. |

[Company] Environment

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comment** |
| Were you greeted professionally and advised of your room on arrival? |  |  | Click or tap here to enter text. |
| Did the projection equipment work effectively? |  |  | Click or tap here to enter text. |
| Did the air-conditioning work effectively? |  |  | Click or tap here to enter text. |
| Was the classroom lighting adequate? |  |  | Click or tap here to enter text. |
| Was the classroom setup correctly? |  |  | Click or tap here to enter text. |
| Did the computer/s have the Virtual Machine loaded with the correct datasets? |  |  | Click or tap here to enter text. |
| Was the Whiteboard and Flip chart paper clean and filled with 3 pens and a cloth |  |  | Click or tap here to enter text. |
| Did you find the classroom neat, tidy and training ready? |  |  | Click or tap here to enter text. |
| Were you adequately assisted by the [Company Name] staff when you needed something? |  |  | Click or tap here to enter text. |
| Additional Comments:  Click or tap here to enter text. | | | |

During Class:

|  |  |  |  |
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|  | **Yes** | **No** | **Comment** |
| Was the [Company Name] presentation done at commencement? |  |  | Click or tap here to enter text. |
| Was the [Company Name] outline covered in full? |  |  | Click or tap here to enter text. |
| Did the delegates interact and ask questions? |  |  | Click or tap here to enter text. |
| Did the delegate have the correct prior knowledge |  |  | Click or tap here to enter text. |
| In your opinion, were the delegate’s learning expectations met? |  |  | Click or tap here to enter text. |
| Were you able to relate what was taught to real life scenarios? |  |  | Click or tap here to enter text. |
| Additional Comments:  Click or tap here to enter text. | | | |

Is there anything we can do to improve yours or our clients experience at [Company Name] in general?

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| Additional Comments:  Click or tap here to enter text. |

Delegates

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Did the delegate ask questions?** | | **Did the delegate grasp concepts being taught?** | | **Did the delegate follow instructions and complete exercises** | | **Comments** |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
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