**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:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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?

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

Delegates

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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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