** Woolgrove Outreach**

Training Course Evaluation sheet

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| --- | --- |
| Course Title | SEND Advice Session  |
| Mainstream School |  |
| Staff name: |  |
| Date: |  |

|  |
| --- |
| **Feedback – please add comments if appropriate**  |
| Was the session relevant and has it increased your knowledge and confidence? | Yes No  1 2 3 4 |
| How effective was the delivery and content of the session?  | Excellent Poor 1 2 3 4 |
| The most useful parts were: |  |
| Were there any elements of today’s session that could be improved? |  |
| Do you have any areas of training that you would be interested in the service providing? |  |

Signed ……………………………………….. Date …………...