

POLICY	
Purpose	<p>ATAR Design is committed to providing quality training and assessment in accordance with the Standards for Registered Training Organisations. As such, ATAR Design is required to systematically evaluate training and assessment products and services it provides, using the evaluation outcomes for continuous improvements.</p> <p>The purpose of this policy is to ensure that ATAR Design's training and assessment products and services meet client needs and are continuously improved based on the collection, analysis and action taken based on relevant data and feedback.</p>
Standard reference	1.1, 1.5, 1.6, 2.1, 2.2, 2.4
Who is responsible	<p>The CEO is responsible for all evaluation processes and ensuring the outcomes of evaluation feed into continuous improvement practices.</p> <p>Trainers and assessors (including those from third party providers) are responsible for implementing client feedback procedures.</p> <p>Administration staff are responsible for collecting and collating client feedback and reporting to the CEO.</p>
Review date	Every 12 months
Definitions	NA
Policy	<p>ATAR Design is committed to ensuring that stakeholder feedback is collected, analysed and utilized to ensure the provision of quality training and assessment services.</p> <p>ATAR Design ensures that:</p> <ul style="list-style-type: none"> • It systematically monitors and evaluates training and assessment strategies and practices and use the outcomes of evaluations for continuous improvement; • It collects and analyses feedback and satisfaction data from all stakeholders regarding all training and assessment services provided, including via third party providers; • Information to be evaluated includes data collected from quality/performance indicators, validation outcomes, feedback from clients, trainers, assessors and industry, complaints and appeals; and • It systematically monitors any training and assessment services delivered, including by third party providers.

POLICY

Policy principles

Evaluation of training and assessment services will be conducted:

During the delivery of training and assessment, including feedback from:

- Clients/Students
- Trainers
- Assessors
- Subject matter experts
- Outcomes of assessment

Post-delivery of training and assessment, including feedback from:

- Clients
- Trainers
- Assessors
- Workplace clients / supervisors
- Complaints
- Appeals
- Validation
- Quality data indicators
- Outcomes from audits

ATAR Design understands the value of client feedback for continuous improvement and ensures that current and changing needs are met;

- Feedback is requested and encouraged from all clients, however is not compulsory.
- All feedback collected is collated and submitted to the CEO in the monthly report.
- The CEO will review the collated reports and make determinations for continuous improvement.
- ATAR Design's approach to evaluation and feedback includes staff, clients and other stakeholders.

Types of feedback

Feedback will be gathered and evaluated regarding:

- Clarity and accuracy of information provided to clients before enrolment;
- Processes for learner selection, enrolment and induction;
- Effectiveness and assistance provided regarding language, literacy and numeracy;
- Level of satisfaction of training and assessment services received;
- Effectiveness and assistance provided regarding support services;
- Recognition process;
- Complaints and appeals;
- Training and assessment resources provided;
- Legislative and licensing requirements (as relevant).

POLICY

Resources to gather feedback

Feedback is gathered using a number of processes, tools and instruments.

These include but may not be limited to:

- Email communications
- Evaluation Assessor
- Evaluation Course
- Evaluation Student
- Evaluation Trainer
- Trainer Observation
- Complaints Lodgement
- Appeals Lodgement
- Validation Forms
- Learner Questionnaire (Quality Indicator)
- Employer Questionnaire (Quality Indicator)
- Interviews
- Focus groups

Records management

Records Management

All documentation from the feedback processes are maintained in accordance the with Records Management Policy (See Records Management Policy).

Monitoring and Improvement

This policy and subsequent practices are monitored by the CEO and areas of change are implemented through continuous improvement (See Continuous Improvement Policy).

PROCEDURE		
Step	Who	Procedure
1. Seeking client course evaluation face to face	Trainer	<ul style="list-style-type: none"> Provide 'Course Evaluation Form' to all Learners at the end of training sessions, requesting that they complete it and either: <ul style="list-style-type: none"> Leave on the desk before they depart; or Email it to info@atar.design.com.au Collect 'Course Evaluation Form' and place in 'Course evaluation File' for submission to Admin.
	Assessor	<ul style="list-style-type: none"> Provide 'Student Assessment Evaluation Form' to all candidates at the end of the assessment process, requesting that they complete it, and either: <ul style="list-style-type: none"> Submit it to the Trainer/Assessor; or Email it to info@atar.design.com.au Collect 'Student Assessment Evaluation Form' and place in 'Course evaluation File' for submission to Admin.
2. Seeking client course evaluation (online)	Admin	<ul style="list-style-type: none"> Send link to 'AQTF Learner Questionnaire' to Learners' email address, in May/June each year; or Send a copy of 'AQTF Learner Questionnaire' to Learners' postal address, in May/June each year. Send link to 'AQTF Employer Questionnaire' to Employer Managers' email address, in May/June each year; or Send a copy of 'AQTF Employer Questionnaire' to Employer Managers' postal address, in May/June each year.
	Assessor	<ul style="list-style-type: none"> Provide 'Student Assessment Evaluation Form' to all Learners at the end of the assessment process, requesting that they complete it before they depart. Collect 'Student Assessment Evaluation Form' and place in 'Course evaluation file' for submission to Admin.
3. Seeking staff (Trainer/Assessor) evaluation and feedback	Trainer	Completes 'Trainer Evaluation Form' at the end of each course and submits in Course evaluation file for processing.
	Assessor	Completes 'Assessor Evaluation Form' at the end of each assessment and submits to Admin for processing.
	Observer	Completes 'Trainer Observation Feedback Form' at the end of each bi-monthly session and submits to CEO for processing.
4. Collate evaluation and feedback	Admin	<ul style="list-style-type: none"> Collate/summarise feedback, reviewing feedback for trends, patterns, relevance and validity. Present evaluation summary reports to CEO.
5. Continuous improvement	CEO	Determine areas for continuous improvement and provide information
	CEO	Complete Continuous Improvement (CI) Lodgement Form. Progress through Continuous improvement procedures.

ASSESSOR EVALUATION FORM

Name:

Course:

Date:

ATAR Design is committed to providing quality assessment processes and resources. Feedback from Assessors is important to us, as it helps to continuously improve our services to clients. Please take a moment to provide us with feedback regarding the assessment process and materials. Please place a circle around the number (See scale adjacent) which indicates your rating of the following:

Scale:

1 = Poor

2 = Below average

3 = Average

4 = Above Average

5 = Excellent

Assessment process

Please circle

Ease of the assessment process

1

2

3

4

5

Information provided to clients regarding assessment process

1

2

3

4

5

Completeness of process

1

2

3

4

5

Assessment materials and forms

Clarity of assessment materials

1

2

3

4

5

Ease of use of materials

1

2

3

4

5

Assessment Marking Guides

1

2

3

4

5

Amount of detail and instruction for you to complete assessments

1

2

3

4

5

Provision of assessment templates / examples

1

2

3

4

5

Evaluating your own performance

Your Skills

1

2

3

4

5

Your Knowledge

1

2

3

4

5

Your Judgements

1

2

3

4

5

What parts of the assessment went well? Why?

What parts of the assessment could be improved? Why?

How could we support you further in conducting assessments?

Assessor Name

Assessor Signature

Date

Thank you for your feedback. Please submit to administration for processing.

Administration use only

☐ Evaluation Form processed

Initial

Date

STUDENT ASSESSMENT EVALUATION FORM

Name:

Course:

Date:

ATAR Design is committed to providing quality assessment processes and resources. Your feedback is important to us, as it helps to continuously improve our services to clients. Please take a moment to provide us with feedback regarding the assessment process, materials and the Assessor. Please place a circle around the number (See Scale adjacent) which indicates your rating of the following:

Scale:

1 = Poor

2 = Below average

3 = Average

4 = Above Average

5 = Excellent

Assessment process

Please circle

Ease of the assessment process

1 2 3 4 5

Information you received from us regarding the assessment process and requirements

1 2 3 4 5

Assessment tasks and methods

1 2 3 4 5

Assessment materials and forms

Clarity of assessment materials

1 2 3 4 5

Ease of use of materials

1 2 3 4 5

Amount of detail and instruction for you to complete assessments

1 2 3 4 5

Provision of assessment templates / examples / forms

1 2 3 4 5

Assessor performance

Assessor Skills

1 2 3 4 5

Assessor Knowledge

1 2 3 4 5

Assessor Conduct

1 2 3 4 5

What parts of the assessment went well? Why?

What parts of the assessment could be improved? Why?

Any further comments?

Assessor Name
Office reference only

Your
signature

Date

Thank you for your feedback.

Administration use only

☐ Evaluation Form processed

Initial

Date

COURSE EVALUATION FORM

Name:									
Course:					Date:				
ATAR Design is committed to providing quality training programs. Your feedback is important to us, as it helps to continuously improve our services to clients. Please take a moment to provide us with feedback regarding your training experience with us. Please place a circle around the number (see Scale adjacent) which indicates your rating of the following:				Scale: 1 = Poor 2 = Below average 3 = Average 4 = Above Average 5 = Excellent					
Course evaluation				Please circle					
Information received regarding the course was clear, accurate and informative				1	2	3	4	5	
Course content was relevant and meaningful to my job / future aspirations				1	2	3	4	5	
Course materials received/ used were appropriate, clear and easy to use				1	2	3	4	5	
Activities in the course were meaningful and relevant				1	2	3	4	5	
Activities provided sufficient group interaction				1	2	3	4	5	
Trainer evaluation									
Trainers' Presentation / facilitation / teaching Skills				1	2	3	4	5	
Trainers' Knowledge of subject				1	2	3	4	5	
Trainers' interaction with learners				1	2	3	4	5	
Trainers' Knowledge of the content of the course materials				1	2	3	4	5	
Method of training to achieve the learning outcome				1	2	3	4	5	
Facilities evaluation (if applicable)									
Venue provided comfortable environment with adequate facilities				1	2	3	4	5	
Venue was accessible and easy to find				1	2	3	4	5	
What did you like most about the course?									
What did you like least about the course?									
Any further comments?									
Trainer name				Your signature				Date	
Thank you for your feedback.									
Administration use only									
<input type="checkbox"/> Evaluation Form processed				Initial				Date	

Employer Questionnaire



IMPORTANT INSTRUCTIONS

Please tell us about the training provided by the organisation that sent you this questionnaire. Your feedback will play an important role in developing the quality of training at this organisation. In this questionnaire, the term 'training' refers to learning experiences provided by the training organisation. The term 'trainer' refers to trainers, teachers, lecturers or instructors from your training organisation. Provide one response to each item on the form. Complete using a black or blue pen. Place a clear 'X' inside each box. Leave the box blank if the statement does not apply. If you want to change your answer, fill in the entire box and mark the correct box.

Example: ☒ ☐ ☐ ☐ or ☐ ☒ ☐ ☐

ABOUT YOUR EMPLOYEES' TRAINING

	Strongly disagree	Disagree	Agree	Strongly agree
Trainers were effective in their teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers had good knowledge and experience of the industry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers were able to relate material to the workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, we are satisfied with the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We would recommend the training to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessments were based on realistic activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation gave appropriate recognition of existing knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment was at an appropriate standard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training focused on relevant skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training prepared employees well for work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training had a good mix of theory and practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We would recommend the training organisation to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was an effective investment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training reflected current practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was effectively integrated into our organisation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our employees gained the skills they needed from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training has helped our employees work with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training helped employees identify how to build on their current knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our employees gained the knowledge they needed from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training prepared our employees for the demands of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training used up-to-date equipment, facilities and materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training resources were appropriate for learner needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training resources and equipment were in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation acted on feedback from employers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation developed customised programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way employees were assessed was a fair test of their skills and knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation was flexible enough to meet our needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation dealt satisfactorily with any issues or complaints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation provided good support for workplace training and assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation clearly explained what was expected from employers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What were the BEST ASPECTS of the training?

What aspects of the training were MOST IN NEED OF IMPROVEMENT?

Thank you for sharing your views.

Learner Questionnaire



IMPORTANT INSTRUCTIONS

Please tell us about your training. Your feedback plays an important role in developing the quality of your education. In this questionnaire, the term 'training' refers to learning experiences with your training organisation. The term 'trainer' refers to trainers, teachers, lecturers or instructors from your training organisation. Provide one response to each item on the form. Complete using a black or blue pen. Print neatly in CAPITAL letters. Place a clear 'X' inside each box. Leave the box blank if the statement does not apply. If you want to change your answer, fill in the entire box and mark the correct box with an 'X'.
Example: ☒ ☐ ☐ ☐ or ☐ ☒ ☐ ☐

ABOUT YOUR TRAINING

	Strongly disagree	Disagree	Agree	Strongly agree
I developed the skills expected from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I identified ways to build on my current knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training focused on relevant skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I developed the knowledge expected from this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training prepared me well for work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I set high standards for myself in this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training had a good mix of theory and practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I looked for my own resources to help me learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the training organisation to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training organisation staff respected my background and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I pushed myself to understand things I found confusing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers had an excellent knowledge of the subject content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received useful feedback on my assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way I was assessed was a fair test of my skills and knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned to work with people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was at the right level of difficulty for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of work I had to do was reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessments were based on realistic activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was always easy to know the standards expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training facilities and materials were in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually had a clear idea of what was expected of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers explained things clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation had a range of services to support learners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned to plan and manage my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training used up-to-date equipment, facilities and materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I approached trainers if I needed help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers made the subject as interesting as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the training to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training organisation gave appropriate recognition of existing knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training resources were available when I needed them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given enough material to keep up my interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The training was flexible enough to meet my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers encouraged learners to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainers made it clear right from the start what they expected from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What were the **BEST ASPECTS** of the training?

What aspects of the training were **MOST IN NEED OF IMPROVEMENT**?

YOUR TRAINING DETAILS

What **TYPE OF QUALIFICATION** are you currently enrolled in? Select one only.

- | | |
|--|--------------------------|
| Certificate I | <input type="checkbox"/> |
| Certificate II | <input type="checkbox"/> |
| Certificate III | <input type="checkbox"/> |
| Certificate IV | <input type="checkbox"/> |
| Certificate level unknown | <input type="checkbox"/> |
| Diploma | <input type="checkbox"/> |
| Advanced diploma | <input type="checkbox"/> |
| Associate degree | <input type="checkbox"/> |
| Degree | <input type="checkbox"/> |
| Short course or statement of attainment | <input type="checkbox"/> |
| VET graduate certificate or graduate diploma | <input type="checkbox"/> |
| Other qualification or training | <input type="checkbox"/> |
| Do not know | <input type="checkbox"/> |

What is the **BROAD FIELD** of your current training? Select one only.

- | | |
|--|--------------------------|
| Natural and physical sciences | <input type="checkbox"/> |
| Information technology | <input type="checkbox"/> |
| Engineering and related technologies | <input type="checkbox"/> |
| Architecture and building | <input type="checkbox"/> |
| Agriculture, environmental and related studies | <input type="checkbox"/> |
| Health | <input type="checkbox"/> |
| Education | <input type="checkbox"/> |
| Management and commerce | <input type="checkbox"/> |
| Society and culture | <input type="checkbox"/> |
| Creative arts | <input type="checkbox"/> |
| Food, hospitality and personal services | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

What is the **FULL TITLE** of your current qualification or training?

In what **MONTH AND YEAR** did you start your current training?

For example, write 'March 2007' as '03/2007'.

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are you undertaking an **APPRENTICESHIP OR TRAINEESHIP**? ☐ Yes ☐ No

Did you get any **RECOGNITION OF PRIOR LEARNING** towards your training such as subject exemptions, course credits or advanced standing? ☐ Yes ☐ No

ABOUT YOU

Female Male

Are you **FEMALE OR MALE**? ☐ ☐

What is **YOUR AGE** in years?

- | | |
|------------|--------------------------|
| Under 15 | <input type="checkbox"/> |
| 15 to 19 | <input type="checkbox"/> |
| 20 to 24 | <input type="checkbox"/> |
| 25 to 34 | <input type="checkbox"/> |
| 35 to 44 | <input type="checkbox"/> |
| 45 to 54 | <input type="checkbox"/> |
| 55 to 64 | <input type="checkbox"/> |
| 65 or over | <input type="checkbox"/> |

Are you of **ABORIGINAL OR TORRES STRAIT ISLANDER** origin?

- | | |
|---|--------------------------|
| No | <input type="checkbox"/> |
| Yes, Aboriginal | <input type="checkbox"/> |
| Yes, Torres Strait Islander | <input type="checkbox"/> |
| Yes, both Aboriginal and Torres Strait Islander | <input type="checkbox"/> |

Do you speak a **LANGUAGE OTHER THAN ENGLISH** at home?

Yes No
☐ ☐

Are you a **PERMANENT RESIDENT OR CITIZEN** of Australia?

☐ ☐

Do you consider yourself to have a **DISABILITY, IMPAIRMENT, OR LONG-TERM CONDITION**?

☐ ☐

What is the **POSTCODE** of your main place of residence?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Thank you for sharing your views.

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TRAINER EVALUATION FORM

Name:

Course:

Date:

ATAR Design is committed to providing quality training programs. Your feedback is important to us, as it helps to continuously improve our services to clients. Please take a moment to provide us with feedback regarding the training program. Please place a circle around the number (See Scale adjacent) which indicates your rating of the following.

Scale:

1 = Poor

2 = Below average

3 = Average

4 = Above Average

5 = Excellent

Course evaluation

Please circle

Course content was relevant and meaningful to the subject.

1 2 3 4 5

Course materials were sufficient for clients to achieve the learning outcomes.

1 2 3 4 5

Activities in the course were meaningful and relevant.

1 2 3 4 5

Activities provided sufficient group interaction.

1 2 3 4 5

Evaluating your own performance

Presentation / facilitation / teaching Skills

1 2 3 4 5

Your knowledge of subject

1 2 3 4 5

Your interaction with learners

1 2 3 4 5

Your comfort in your own knowledge of the content within the course materials

1 2 3 4 5

Method of training to achieve the learning outcome

1 2 3 4 5

Facilities evaluation (if applicable)

Venue provided comfortable environment with adequate facilities

1 2 3 4 5

Venue was accessible and easy to find

1 2 3 4 5

What parts of the training went well? Why?

What parts of the training program could be improved? Why?

Any further comments?

Trainer name

Your signature

Date

Thank you for your feedback.

Administration use only

☐ Evaluation Form processed

Initial

Date

TRAINER OBSERVATION FEEDBACK FORM

Trainer Name:				
Observers name:			Date:	
Commencing time:		Finish time:		Total time:
Course:				

This form is to be used by ATAR Design to give constructive feedback to a Trainer.

ATAR Design observer will:

- Advise the Trainer that this checklist will be used to give feedback on their performance. It is therefore preferable to give as much notice as possible about this checklist's requirements.
- While observing the training session, place a tick in the box that best represents the Trainer's performance in each area, using the columns, as outlined below:
 - **Requires further evidence:** Tick the box in the column titled 'Requires Further Evidence', if you are unsure if the Trainer has provided sufficient evidence to fully satisfy the criteria
 - **Yes:** Tick the box in the column titled 'Yes', if you are fully satisfied that the Trainer has meet the criteria specified
- Be as inconspicuous as possible, e.g. at the side/rear of the training room, and not interrupt or be part of the training session. This allows them to observe all aspects of the training session, and not be side-tracked.
- At the conclusion of the session, use the checklist to give verbal feedback to the Trainer. The response from the Trainer may also be included, after the verbal feedback has been given.

SECTION 1 – COURSE INTRODUCTION

Course content was relevant and meaningful to the subject.	Requires Further Evidence	Yes
Create an interest in learning?	<input type="checkbox"/>	<input type="checkbox"/>
Put the Participants at ease?	<input type="checkbox"/>	<input type="checkbox"/>
State the lesson, main points and/or purpose, clearly?	<input type="checkbox"/>	<input type="checkbox"/>
State the learning outcomes clearly?	<input type="checkbox"/>	<input type="checkbox"/>
State the assessment (or performance) criteria and assessment methods clearly?	<input type="checkbox"/>	<input type="checkbox"/>
Explain how the information is relevant to their jobs/role/function?	<input type="checkbox"/>	<input type="checkbox"/>
State any safety requirements clearly (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>
Check current knowledge/experience?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

TRAINER OBSERVATION FEEDBACK FORM

SECTION 2 – THROUGHOUT THE COURSE

Did the Trainer:	Requires Further Evidence	Yes
Follow the lesson plan /PowerPoint as per the Training Resources / course manual?	<input type="checkbox"/>	<input type="checkbox"/>
Skills Session (if applicable)		
Give a short overview and Explanation of the skill?	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate the skill, using stages and emphasising key points?	<input type="checkbox"/>	<input type="checkbox"/>
Supervise and observe participants as they Practice the skill?	<input type="checkbox"/>	<input type="checkbox"/>
Ask Questions, checking for correct techniques and identifying faults?	<input type="checkbox"/>	<input type="checkbox"/>
Allow sufficient time / opportunities to practice?	<input type="checkbox"/>	<input type="checkbox"/>
Give constructive feedback and positive re-enforcement during practice?	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge Session (if applicable)		
Explain the information clearly?	<input type="checkbox"/>	<input type="checkbox"/>
Conduct Activities to reinforce new knowledge?	<input type="checkbox"/>	<input type="checkbox"/>
Summarise throughout the session to consolidate the learning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments:		

SECTION 3 – DURING TRAINING

Did the Trainer:	Requires Further Evidence	Yes
Summarise the main points of the whole session?	<input type="checkbox"/>	<input type="checkbox"/>
Link the training to the on-the-job requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Allow time for Participants to ask final questions / clarify uncertainties?	<input type="checkbox"/>	<input type="checkbox"/>
Establish when the next session would take place and give a preview?	<input type="checkbox"/>	<input type="checkbox"/>
Make a link to the next session?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

TRAINER OBSERVATION FEEDBACK FORM

SECTION 4 – DURING ASSESSMENT

Did the Assessor:	Requires Further Evidence	Yes
Conduct the assessment in accordance with the assessment requirements, as outlined in assessment resources?	<input type="checkbox"/>	<input type="checkbox"/>
Complete all relevant forms (as per assessment resources)?	<input type="checkbox"/>	<input type="checkbox"/>
Provide feedback to candidates on assessment results and future steps?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

SECTION 5 – OVERALL PERFORMANCE

Did the Assessor:	Requires Further Evidence	Yes
Ensure appropriate and sufficient resources and equipment for all participants?	<input type="checkbox"/>	<input type="checkbox"/>
Ensure the learning environment (e.g. classroom, training ground, etc.) was set up appropriately, e.g. to meet participant's needs?	<input type="checkbox"/>	<input type="checkbox"/>
Train at the appropriate level for the Participants?	<input type="checkbox"/>	<input type="checkbox"/>
Use time effectively?	<input type="checkbox"/>	<input type="checkbox"/>
Use questions to involve Participants?	<input type="checkbox"/>	<input type="checkbox"/>
Provide feedback for Participants?	<input type="checkbox"/>	<input type="checkbox"/>
Not have any distracting mannerisms?		
Use visual aids effectively? e.g. whiteboard, overhead/data projector, butchers paper, etc.		
Pitch and tone of voice:	<input type="checkbox"/> Too loud <input type="checkbox"/> Too Soft <input type="checkbox"/> Easy to listen to	
Comments:		

SECTION 6 – SAFETY

Did the assessor:	Requires Further Evidence	Yes
Ensure safety requirements maintained?	<input type="checkbox"/>	<input type="checkbox"/>
Conduct the training in a safe and accessible environment	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

TRAINER OBSERVATION FEEDBACK FORM

SECTION 7 – GENERAL

What aspects of the training session were most effective?

What constructive feedback could you give to assist this Trainer to improve their training techniques?

SECTION 8 – DECLARATIONS

Trainer Name:

Trainer Comments:

Trainer Name		Trainer Signature		Date	
Observer Name		Observer Signature		Date	
CEO Name		CEO Signature		Date	