

COURSE FEEDBACK FORM

Kapiti Coast WEA
PO Box 446, Waikanae
Aputa Place, Waikanae
Tel: 293-8077 Fax: 293-8078

To help us assess our courses and assist with future planning we would appreciate you completing this questionnaire and handing it to your course convenor or posting it to Kapiti Coast WEA, PO Box 446, Waikanae

Course: _____

Date: _____ Tutor: _____

How did you find out about this course (please circle):

WEA brochure Newspaper Radio Other (please specify)

What did you hope to gain from the course? _____

Did the course meet your expectations? Yes Partly No

If no or partly, please comment _____

What was good about the course _____

What, if any, improvements could be made _____

How would you rate the course content overall? (Please circle):

Excellent Good Satisfactory Needs improving Poor

How would you rate the tutor? (1 being excellent)

Well organised? 1 2 3 4 5

Able to communicate ideas
and information clearly? 1 2 3 4 5

Able to keep you involved? 1 2 3 4 5

Would you attend another course with this tutor or recommend this tutor to others?

Yes No

Please make any further comments overleaf
Thank you for your feedback
