






AOAC FEEDBACK / EVALUATION FORM

To be completed after activities and returned to the centre (address below)



Your Name (optional):	Instructor Name:
Group / Organisation Name:	Course / Activity:
Date:	AM / PM / Evening (delete accordingly)

COURSE / ACTIVITY	 EXCELLENT	 GOOD	 FAIR	 POOR	 VERY POOR	Comments				
Booking procedure / administration										
Course content										
Met your requests / expectations / anticipated outcomes?										
Group / individual participation & involvement										
Achievement of group / individual										
INSTRUCTOR / COACH										
Introduction and appropriate information (e.g. fire procedure / health & safety)										
General overview of session delivery										
Adaptation to group needs and requirements										
Professionalism and quality of instructor / coach										
Please Circle number relating to your overall experience of / at AOAC.	Excellent 10	9	Good 8	7	Fair 6	5	Poor 4	3	Very Poor 2	1
Any other issues or general feedback (please continue overleaf if required):										

Please return to: AOAC, Brighton Road, Shoreham, West Sussex, BN43 5LT

Thank you for taking the time to complete this form.

Evaluation 23/11/2011