**EDUCATION EVALUATION FORM**

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| **Name of Training** : Peer Counseling Training**Training Date:** 03 and 06 December 2019, 17:00-20:00 |

In order to measure the success of the training program you have attended and to assist in developing other training programs, we kindly ask you to fill out the form below.

**Scale**  : 1: Poor 2: Need to be improved 3: Fair 4: Good 5: Very good

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| --- | --- | --- | --- | --- | --- |
|  | one | 2nd | 3 | 4 | 5 |
| Content of the Program |  |  |  |  |  |
| Meeting Expectations |  |  |  |  |  |
| Suitability for Purpose |  |  |  |  |  |
| Education time |  |  |  |  |  |
| Instructors' mastery of the subject |  |  |  |  |  |
| Program Presentation |  |  |  |  |  |
| Communication |  |  |  |  |  |
| Ability to Answer Questions |  |  |  |  |  |
| Ensuring Participation |  |  |  |  |  |
| Use Time |  |  |  |  |  |
| Training Notes |  |  |  |  |  |
| Visual Material |  |  |  |  |  |
| Use of Visual Materials |  |  |  |  |  |

**What is the message that impacts you the most in education?**

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**Other Thoughts and Suggestions:**

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