Session planning Form

Training topic	Specific needs and training comments	Session duration (hours)	Selected training activity	Activity duration (hours)	Total duration (hours)
Topic 1					
Topic 2					
Topic 3					
Topic 4					
Topic 5					
Topic 6					
Topic 7					
Topic 8					
Topic 9					
Topic 10					
Topic 11					
Topic 12					
Topic 13					
Topic 14					
Topic 15					
Site visits and other excursions					
Approximate total					

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Name of training course:

Dates of training course:

Name of trainer:

Presentation of individual topics

Which topics were the most interesting or useful and which were the least? Could you please make a brief comment explaining your reason.

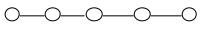
most interesting	least interesting	

Comments:

Are there any topics that you think could be added to, or deleted from, the course?

Impressions of training course as a whole

Tick the circle that best describes your feelings about the training course



poor coverage of subjects

good coverage of subjects

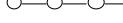


hard to understand

easy to understand

too general

too specific



boring

interesting

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insufficient background information

too much background information



not informative

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not relevant to my needs

very relevant to my needs

informative

Training course evaluation Form

0-0-0-0					
participant handbook inadequate participant handbook very adequate					
0-0-0-0					
training not well organised training well organised					
0-0-0-0					
trainer had insufficient knowledge of subject trainer had very good knowledge of subject					
Comments:					
How could the training course be improved?					
Will the participant handbook be useful to you in the future?					
What follow up activities or materials would you like to see?					
Course administration and facilities					
Tick the circle that best describes your feelings about the course administration and facilities.					
0-0-0-0					
poor course administration good course administration					
0-0-0-0					
poor course facilities good course facilities					
0-0-0-0					
poor accommodation good accommodation					
0-0-0-0					
poor meals and refreshments good meals and refreshments					
Comments:					
Your professional background:					
Your organisation/agency/institution:					
Your position/function:					
Your first language is:					

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