



STUDENT FEEDBACK FORM

COURSE DETAILS

Your Name (optional):

Course Date:

Trainers Name:

Course Completed: MR HR HC MC Forklift Mobile plant

COURSE FEEDBACK

Instructions: Please indicate your level of agreement with the statements listed below, by placing a tick (☑) in the box.

About your training	Strongly agree	Agree	Disagree	Strongly disagree
Trainers explained things clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received useful feedback on my performance during training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training facilities and equipment were in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I was satisfied with the training and service provided	<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"/>

Comments (things we did well or could do better)

GENERAL / MARKETING

How did you hear about Keens Driver Training?

- Internet / website Newspaper Brochure/Magnet Yellow Pages
 Referral Keen's Trucks Other _____

Do you give permission for your comments to be used as a testimonial on our website or Facebook page?

- Yes No

Thank you. Your feedback is important to us