

**NISQ 24D**

**Learners Feedback Form**

**Learners Continuous Assessment Portfolio**

NISQ 24d– Learners Feedback Form

Learning and Development Evaluation Form

We are continuously amending our teaching and training to meet learner needs.

We would be grateful if you answer the following questions regarding the

quality of the service we are providing within the NISQ Approved Centre.

NISQ Approved Centre, location and date:

Your name (optional):

Trainer/Facilitator(s):

Group:

Regulated Qualification - The NISQ Level

Did the NISQ Level meet your learning needs?

Yes/ No Partially

If you ticked ‘partially’ or ‘no’, please indicate all the reasons for this:

Length: Event was too long/Event was too short

Pace: Was too quick/ Was too slow

Content: Too detailed/ Lacked detail

Difficulty: Too challenging /Not challenging

Other reasons

|  |
| --- |
| Comments |

I found the assessments/activities beneficial:

Yes /No /Partially

|  |
| --- |
| Comments |

Teacher Feedback

I found the teacher/facilitator to be professional and knowledgeable:

Yes/ No Partially

**The teacher: Yes /No**

|  |
| --- |
| Had a thorough knowledge – |
| Spoke clearly and to the point – |
| Was helpful and responded to individual needs – |
| Showed awareness of people with different experiences – |
| Was positive and enthusiastic –  |
| Actively ensured everyone who wanted to contribute could – |
| Ensured everyone was understood – |

Overall

Please provide any additional feedback you wish regarding this event

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| --- |
|  |

Thank you again for completing this form and we hope you were happy with the teaching provided.

**For inclusion in the NISQ 52 Regulated Qualification Cycle Feedback Register**