

## Information and Privacy Orientation

### COURSE EVALUATION

Please take a minute to provide us with feedback on the session. Your input will be used to improve the content and delivery of our training program.

Course Name:

Date:

Facilitator:

Location:

Using the following scale, please circle the number which best describes your response:

1 = Poor      2 = Unsatisfactory      3 = Satisfactory      4 = Good      5 = Excellent

#### Course Effectiveness

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. How well were the course objectives met?                                    | 1 | 2 | 3 | 4 | 5 |
| 2. How appropriate were the presentations, group discussions and case studies? | 1 | 2 | 3 | 4 | 5 |
| 3. How useful did you find the course material/handouts?                       | 1 | 2 | 3 | 4 | 5 |
| 4. How much better is your understanding of FOI/Privacy Legislation?           | 1 | 2 | 3 | 4 | 5 |

#### Instruction and Presentation

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 5. How would you rate the facilitator's presentation?                  | 1 | 2 | 3 | 4 | 5 |
| 6. How well would you rate the facilitator's knowledge of the subject? | 1 | 2 | 3 | 4 | 5 |
| 7. How well were your questions answered?                              | 1 | 2 | 3 | 4 | 5 |
| 8. How enthusiastic and energetic was the facilitator?                 | 1 | 2 | 3 | 4 | 5 |
| 9. What skills could the facilitator improve on?                       |   |   |   |   |   |

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**Please Turn Over**

