**POST COURSE EVALUATION FORM**

(Please submit to the CPD Activity Provider after the end of the CPD Course.)

As part of the continuous improvement to the quality of our Continuing Professional Development courses, we would like you to fill up this Post Course Evaluation form. Do take 5 minutes at the completion of the training to evaluate the course and trainer. Thank you.

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| NAME OF PARTICIPANT: | CEA REGISTRATION NO. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| COURSE TITLE : | CPD COURSE DATE: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CORE CPD ACTIVITY PROVIDER: | KEO / SALESPERSON |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Circle the appropriate number according to the following scale:*

*5=Excellent or Strongly Agree;*

*4=Very Good or Agree;*

*3=Neutral;*

*2=Disagree;*

*1=Needs Improvement or Strongly Disagree*

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| --- | --- |
| **COURSE** | **Rating** |
| 1. Course content was useful and relevant to my needs | 5 4 3 2 1 |
| 1. Course materials were up-to-date, well-organised and presented in sufficient depth | 5 4 3 2 1 |
| 1. Course coverage was comprehensive | 5 4 3 2 1 |
| 1. Case studies presented were useful | 5 4 3 2 1 |
| 1. Course objectives were consistent with the course as advertised | 5 4 3 2 1 |
| 1. Overall, I would rate the course | 5 4 3 2 1 |
| 1. Would you recommend this course to others to attend? | Yes No |

|  |  |
| --- | --- |
| **TRAINER’s NAME :** | **Rating** |
| 1. Trainer demonstrated a comprehensive knowledge of the subject | 5 4 3 2 1 |
| 1. Trainer spoke clearly and distinctly. He is able to hold my interest. | 5 4 3 2 1 |
| 1. Trainer ‘s course delivery in terms of explaining the concepts and giving real life examples | 5 4 3 2 1 |
| 1. Trainer encouraged questions and interact with the course participants to facilitate learning | 5 4 3 2 1 |
| 1. Trainer able to handle the Q&A session well | 5 4 3 2 1 |
| 1. Trainer’s sharing of his/her real estate practitioner’s experience is useful to my learning | 5 4 3 2 1 |
| 1. Overall, I would rate the trainer | 5 4 3 2 1 |

Note: Add additional tables if there are more than 1 trainer for the CPD Activity

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| Other topics and/or speakers you would like to have: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comments (neutral, positive or negative): |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *End of CPD Course Evaluation Form. Thank You.* |