



**trust** education

your personal service in education recruitment

## Continued Professional Development Feedback form

Name:

Course Attended:

Date:

What were your main reasons for attending the course?:

In what ways did you find the information provided most helpful?:

Is there anything else you would like included in the course?:



## Continued Professional Development Feedback form continuation

Overall did the course meet your expectation? If not why not?:

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What other courses would you be interested in attending? Please tick below

- |  |  |
|--|--|
| <input type="checkbox"/> Special Educational Needs | <input type="checkbox"/> National Curriculum   |
| <input type="checkbox"/> Behaviour Management      | <input type="checkbox"/> Literacy and Numeracy |
| <input type="checkbox"/> White Board Training      | <input type="checkbox"/> Long Term Placements  |

Please return form to the Trust Education Office at the address below.