Skills for Independent Living and Leisure

End of Course Evaluation by Relative/Carer

#### Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Learner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please use this form to provide some feedback on the course and how you think the learner has benefited from taking part.

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| --- | --- | --- |
|  | Yes | No |
| Has the learner enjoyed the course? |  |  |
| Have they started to bring home new ideas and/or use skills that have been learned during the course? |  |  |
| Do you think that everything was done to make the course right for the learner and to meet their needs? |  |  |
| Has anyone told you about other courses that they may like to do? |  |  |

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| Please tell us what they liked to learn most and why? |
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| Please tell us about anything the learner did not like about the course and why? |
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| We would like to know how successful any new learning has been in the home situation. Please tell us what has been achieved and whether you have found this helpful? |
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| In order to ensure that the learner’s Individual Learning Plan is both meaningful and relevant, please identify some personal goals that you feel the learner could work towards during the next course: |
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| We would like to be sure that we are offering the right support for the learner. Does the learner have any needs that are not being supported? |
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| Do you have any other comments? |
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**Your Name…………………………………………………**

If you would like to discuss anything about the course or the learner, please provide your preferred contact details below (email, phone or address)

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