**Post Training Evaluation Form**

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| **Name** |  |
| **Course title** |  |
| **Date** |  |
| **Managers name** |  |

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| **What have you gained from this learning and development session? Was it what you expected?** |
| *Give examples.* |
| **What are you going to do differently when back in your setting?** |
| *Give examples of how your practice has or will change.* |
| **What impact is this having on:*** **your practice**
* **people we support**
* **the organisation**
 |
| *Give examples for each bullet.* |