

**Evaluation**

**Course and Learner Information**

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| Learner Name: | | |  |
| Course Name: | | |  |
|  | Date: |  |  |

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| What did you enjoy most on this course and what was the most valuable skill you acquired? |
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| page2image11385168.png  Has this course motivated you to make some positive changes personally in your life or professionally in your work? |
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| page2image11385168.png  What do you think we do well, and can you suggest how we can improve? |
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| Would you like Deafinate Matters CIC to contact you regarding British Sign Language courses or further information and/or support? If yes, please state which |
|  |

page2image20986304.png **Please complete and email to deafinate@hotmail.com**