

Micro-teach – Learner/Peer Feedback (5.1, 5.2)

Teacher/Trainer Name		Date	
Session Title		Duration	

Your thoughts...	Yes	No	Not sure
Did you understand what you were expected to learn by the end of the session? (<i>Learning objectives stated at the start.</i>)			
Do you feel that you achieved this? (<i>Learning was assessed.</i>)			
Did you feel safe/comfortable during the training?			
Did you have the opportunity to ask questions?			

How would you rate the...	Poor	Satisfactory	Good	Excellent
Venue, learning environment <i>or</i> the use of technology for remote courses.				
General group atmosphere and friendliness of the teacher/trainer.				
Subject knowledge of the trainer/teacher.				
Use of any equipment, tools or technology during the course.				
Delivery style and teaching approaches used by the trainer/teacher.				
Communication skills (verbal and non-verbal) of the trainer/teacher.				
Quality of any materials (handouts, presentations etc.).				
Overall learning experience.				

Comments and Suggestions
<i>e.g. What part of the course did you enjoy, what could have been better?</i>

Declaration

I confirm I attended the session as detailed above and the feedback provided is a true reflection of the session.

Your Name		Signature	
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