

Training in Understanding and Responding to Autism: The SPELL framework

Evaluation form

Venue: _____

Date: _____

Trainer: _____

Please indicate by ticking which day you attended:

- Day 1: Understanding autism
- Day 2: Supporting children and adults on the autism spectrum
- Both Day 1 and Day 2

Please rate the following on a scale of 1 to 5 (5 = excellent, 1 = very poor)

	1	2	3	4	5
Venue					
Trainers' knowledge/experience					
Content of the day					
Materials					
Activities					
Delivery of materials (pace, clarity, level etc)					
Engagement of participants					

Please indicate whether you agree or disagree with the following:

	Strongly disagree	Disagree	Not sure, neither agree or disagree	Agree	Strongly agree
The course met my expectations					

What were the top three learning points from the day for you?

1	
2	
3	

Any other comments you would like to make: