







Evaluation Form

Region/District/Parish/Project : _____

Address: _____

Safeguarding Person(s): _____

We appreciate your time in completing this evaluation form. Each form is confidential and will be used for the purpose of evaluating this training event to ensure the effectiveness of future training.

Just tick (✓)	 very good	 good	 ok	 not satisfied
	3	2	1	0
1. The content				
2. Interaction/ exercise/ group work				
3. Discussions and theme				
4. Reflection				
5. Were your expectations met?				
6. Duration/ time				
7. Any suggestions for future safeguarding sessions?				
8. Any gaps in safeguarding that you may need assistance with?				
9. Any other comments?				