**Reading Museum – Inset Training Workshop**

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| Name  (Optional) |
| Organisation: |
| Chosen teaching subject: |

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| **Please comment**  **on the following:** | **Excellent** | **Good** | **Satisfactory** | **Less than Satisfactory** |
| Session overall | 🞎 | 🞎 | 🞎 | 🞎 |
| Length of training | 🞎 | 🞎 | 🞎 | 🞎 |
| Content of training | 🞎 | 🞎 | 🞎 | 🞎 |
| Activities | 🞎 | 🞎 | 🞎 | 🞎 |
| Delivery of training | 🞎 | 🞎 | 🞎 | 🞎 |

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| --- | --- | --- | --- | --- | --- |
| **Do you agree with the following statements?** | **Strongly agree** | **Agree** | **Slightly disagree** | **Disagree** | **Don’t know** |
| The training session was relevant to my current studies. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I will use the training in my future planning. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

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| Please make any comments here (*you may continue overleaf if you wish*) |

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| **How did you hear about Reading Museum?** | | | | | |
| Word of mouth  🞎 | Repeat visit  🞎 | Leaflet  🞎 | Internet  🞎 | Email from us  🞎 | Other  🞎 |
| Other: |  |  |  |  |  |
| Would you recommend Reading Museum Training? **Yes**🞎 **Maybe** 🞎 **No** 🞎 | | | | | |