**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** 🞎 |