



Training and Development Provider

# Vocational Education and Training Trainer Feedback Report

Semester:

Term:

Year:

Student Name:

«First\_Name» «Surname»

Student's School:

«School»

Name of Course:

Trainer:

<b>Participation in class:</b>	Outstanding <input type="checkbox"/>	Very Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Attitude in class:</b>	Outstanding <input type="checkbox"/>	Very Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Behaviour in class:</b>	Outstanding <input type="checkbox"/>	Very Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Co-operation in class:</b>	Outstanding <input type="checkbox"/>	Very Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Level of Achievement:</b>	Outstanding <input type="checkbox"/>	Very Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Attendance:</b>	Outstanding <input type="checkbox"/>	Very Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Dress:</b>	Outstanding <input type="checkbox"/>	Very Good <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
<b>Does the student hand work in on time:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Some times <input type="checkbox"/>	

If no, or sometimes – why isn't it on time? \_\_\_\_\_

Has the student caught up on all work, if they have been absent? N/A  Yes  No

If no, please include exactly what is outstanding or yet to be completed:

\_\_\_\_\_  
\_\_\_\_\_

Is the student going to satisfactory complete of the course both practical & theory? Yes  No

If no, what is required for the student to catch up? \_\_\_\_\_

\_\_\_\_\_

Is the student on track to complete all competencies to finish and pass this course? Yes  No

How many classes has the student missed?

Did the student produce signed written consent for missing lesson(s)? Yes  No

Any other comments?

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_