

CERTIFICATION PARTICIPANT TRAINING FILE AND EVALUATION FORM

Training Details (Please Print)		
Instructor:		
Location:	Training Dates:	
Participant Details		
Name:		
Participant's Evaluation of the Certification Training Please respond to all questions.		
 Overall, how well did the Certification Training match your picture of a quality learning experience? (e.g., did the facilities meet your needs? were you well informed of training requirement?) 		
2. How well was the training organised?		
3. Please describe three new ideas or skills you acquired		
4. Please describe the experience	ne contribution the participants' presentations made to your learning	
5. Is there anything y	you were asked to do that you were not prepared to do?	

6.	In what ways could you have improved the quality of your own Certification Training
	experience?

7. In what ways could Glasser Australia improve the overall quality of the Certification Training process for future participants?

Any further comments:

Glasser Australia would like to take this opportunity to congratulate you on the completion of your Certification training. By completing this level of training you are now recognised as being Choice Theory, Reality Therapy Certified.

If you are interested in continuing your journey and would like information regarding Practicum Supervisor Training, please contact Glasser Australia at <u>gaadmin@glasseraustralia.com.au</u>