



Kenya Scouts Association

TRAINING COURSE REPORT FORM for SCOUT LEADERS/TRAINERS

PART A

Name of Course:

Date of Course: From: to

Venue of Course:

No. of Trainees: Male..... Female.....Total.....

County:

HQ Course Reference No.

Date of course clearance:

For Official use only

INSTRUCTIONS TO COURSE DIRECTORS FOR PART B

When the Trainees have finished their training course and completed their evaluation questionnaires, collect all of them and for questions 1 to 7 count the replies and workout the percentage or the totals of each item then enter them in the corresponding place on this form which is identical to the ones Scouts filled in. With regard to comments and recommendations for questions 1 – 7 simply copy the main points onto this format in the appropriate place.

Course Evaluation Form

(To be filled by Participants)

PART B

1. Course Objectives.

No.	Item	Agree	Not sure	Disagree	Strongly Disagree
a.	My expectations of this course were fulfilled.				
b.	The information learned will be useful in my profession.				
c.	The information learned will be useful in my scouting				
d.	The information learned will be useful in my life generally.				

Comments and recommendations

2. Organization

No.	Item	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
a.	Pre-course information					
b.	Course Orientation					
c.	Duration of course					
d.	Timetable					
e.	Free time					
f.	Spare time activities					
g.	Working sessions					
h.	Daily meditation					
i.	Opening & closing ceremonies					
j.	Use of Patrol system					

Comments and recommendations

3. Training Facilities

No.	Item	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
a.	Training Premises					
b.	Outdoor facilities					
c.	Accommodation					
d.	Staff relationship					
e.	Meals					
f.	Writing materials					

Comments and recommendations

4. Training Content

No.	Item	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
a.	Youth involvement in decision making					
b.	People with special needs					
c.	Child protection					
d.	Children in special circumstances					
e.	Gender (equal opportunities)					
f.	Course Programme					
g.	General Scouting Subjects					
h.	Reproductive health Topics					
i.	Drug Demand Reduction Topics					

Comments and recommendations

5. Training Techniques.

No.	Item	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
a.	Lectures					
b.	Practical works					
c.	Assignments					
d.	Trainer –Trainee relationships					
e.	Trainee-Trainee relationships					
f.	Group work					
g.	Plenary sessions					

Comments and recommendations

6. Training Materials

No.	Item	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
a.	Scouting Manuals/material					
b.	R. H. Manuals/Materials					
c.	Handouts					
d.	Videos					
e.	Audio-visuals					
f.	Other Equipments					

g.	Drug Demand Reduction Materials					
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Comments and recommendations

7. Trainers' competencies

No.	Name	Excellent	Very Good	Good	Satisfactor y	Unsatisfactor y
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Comments and recommendations

8. Overall Evaluation

a) What did you like most about the course?

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b) What did you like least about the course?

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c) What changes would you recommend for future?

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d) Do you have any other comments, which have not already been expressed?

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PART C

1. Training Staff

Name	LT/ALT/SLT	DESIGNATION	EMAIL	SIGN
		Course Director		
		Quarter Master		
		Facilitator		
		Facilitator		
		Facilitator		
		Facilitator		
		Facilitator		

2. List of Support Staff

Names	Designation	Address	Tel. no.

3. List of Course Visitors

NAME	DESIGNATION	ADDRESS

4. Subjects covered in the course

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5. Course Sponsorship (Tick and Indicate name)

a. Candidate

- b. Organization
- c. Ministry
- d. Religious Institution
- e. Others

6. General Remarks (Which will be used for future planning):

7. Course director

Name

Designation. **Date:**

Signature:

PART D

COURSE PARTICIPANTS

No.	Name	District	Age	Sex	E-Mail	Tel No	Occupation	Results
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

Quarter Master No.	Name	Address	Age	District	E-mail	Sex	Occupation	Results
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								

PART D

COURSE PARTICIPANTS

No.	Name	Address	Age	District	E-mail	Sex	Occupation	Results
31.								
32.								
33.								
34.								
35.								
36.								
37.								
38.								
39.								
40.								
41.								
42.								
43.								
44.								
45.								

No.	Name	Address	Age	District	E-mail	Sex	Occupation	Results
46.								

47.								
48.								
49.								
50.								
51.								
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								