**LIFT Evaluation Form**

**Support Type: Group work, One-one, employability, Creche, Mini’s**

**Location of Event: Muirhouse Millennium Centre**

**Staff Member:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please tick your kevel of agreement listed below** | **Strongly Agreement** | **Agree** | **Disagree** | **Strongly Disagree** | **Not relevant** |
| **The objective of the training / support were met.** |  |  |  |  |  |
| **The materials were relevant.** |  |  |  |  |  |
| **The content of the course was organised and easy to follow** |  |  |  |  |  |
| **The staff are knowledgeable and very understanding to our needs.** |  |  |  |  |  |
| **The activities within the centre are excellent and accessible** |  |  |  |  |  |

**Would you recommend LIFT to other**

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**Any other comments**

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