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| We hope you have enjoyed the program and found it useful. We request your feedback to help us identify areas for improvement. Please respond to ALL questions**FEEDBACK FORM** |
| **Program Name**:  |
| **Name: Department Name:** |
| **Location: Name of Faculty/Trainer: Date:**  |
| **FEEDBACK** |
| **Please tick the option that most suits your opinion** |
| **CONTENT** |
| **Sr. No** | **Parameters** | **YOUR VIEWPOINT** |
| Ranking | Strongly Agree (5) | Agree (4) | Undecided (3) | Disagree (2) | Strongly Disagree (1) |
| 1 | The content was relevant to the task I perform at work/relevant to my job |   |   |   |   |   |
| 2 | I was able to learn something new from this program |   |   |   |   |   |
| 3 | I will be able to apply practically what I learnt in this program to my job |   |   |   |   |   |
| 4 | Sufficient time was spent on the topics during the course of this program |   |   |   |   |   |
| **TRAINER** |
|   | Excellent (5) | Good (4) | Average (3) | Poor (2) | Worst (1) |
| 5 | The trainer's ability in making me understand the concepts was |   |   |   |   |   |
| 6 | The trainer's effectiveness in helping me relate the concepts to my work place/ job using relevant instances was |   |   |   |   |   |
| 7 | The trainer's ability in answering my queries and handling doubts was |   |   |   |   |   |
| 8 | The trainer's ability to draw participation from the class was |   |   |   |   |   |
| 9 | The trainer's ability to keep me engaged/ not bored during the entire course was |   |   |   |   |   |
| **INFRASTRUCTURE** |
| 10 | The comfort of the classroom (in terms of seating arrangements, AC, lighting etc) |   |   |   |   |   |
| 11 | The quality of training aids (handouts, presentation slides, clarity, sound, etc) was |   |   |   |   |   |
| **OVERALL** |
| 12 | The program overall was |   |   |   |   |   |

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| **Any other suggestions on course content, training methodology, objectives etc (How can we make this program more relevant)** |
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