|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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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