



TRAINING FEEDBACK FORM

| | |
|--------------------|-----------------|
| Participant Name: | Training Date: |
| Training Location: | Training Title: |
| Department: | Mobile No: |

| Training Content | Excellent 5 | Good 4 | Satisfactory 3 | Fair 2 | Poor 1 |
|--|----------------|-----------|-------------------|-----------|-----------|
| The training content was relevant to me | | | | | |
| The amount of material covered was sufficient | | | | | |
| Instructional methods & media were used appropriately which made learning easy | | | | | |
| I am confident of using the concepts covered | | | | | |
| Duration of the training was appropriate | | | | | |
| The training met my expectations | | | | | |

| Faculty | Excellent 5 | Good 4 | Satisfactory 3 | Fair 2 | Poor 1 |
|---|----------------|-----------|-------------------|-----------|-----------|
| Faculty had a good grasp of the subject | | | | | |
| The concepts were clearly explained | | | | | |
| Faculty involved all participants | | | | | |
| My questions were answered adequately | | | | | |
| Faculty was supportive and encouraging | | | | | |

| Facilities at Training Venue | Excellent 5 | Good 4 | Satisfactory 3 | Fair 2 | Poor 1 |
|------------------------------|----------------|-----------|-------------------|-----------|-----------|
| Ambience | | | | | |
| Lighting | | | | | |
| Food and beverage | | | | | |
| Training equipment | | | | | |



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1. Three most useful aspect of the training program for me were:

- 1.
- 2.
- 3.

2. Please indicate how you are going to use above stated 3 aspects in connection to Below activity: (Pls write for all 3)

(a) Day to day job

(b) Improvement of my performance &

(c) For my future growth

3. Three least useful aspect of the training program for me were:

- 1.
- 2.
- 3.

4. Please give your suggestions for improving the training program.

5. Would you recommend this training program to your colleagues?

(a) YES

(b) NO

Overall Rating of the Program

| | | | | |
|-----------|------|--------------|------|------|
| Excellent | Good | Satisfactory | Fair | Poor |
|-----------|------|--------------|------|------|

Signature of Participant

Date: