

Feedback Form for Faculty Participation in Faculty Development Programs/Training/Conferences

Name and Department: _____

Name of the program and Organizing Institution: _____

Program Dates: _____ Program Mode (Online/Offline): _____

Sessions Attended (Details of Sessions including Contact Hours, Session Agenda, Speaker- as applicable):

Any Notes or Content Material provided (Y/N): _____

What were the major takeaways for you from the program? :

How do you plan to implement your learning from the program in your regular teaching and research work?:

How do you plan to share the gained knowledge/skill with your colleagues who did not attend the program? Do you plan to offer a training session mirroring the one you attended? :

Overall, how do you rate the program you attended in terms of usefulness and effectiveness? (On a scale of 1 to 5, 1 being lowest): _____