

TRAINING FEED BACK FORM

Name	
Employee ID	
Department	
Discipline	
Programme / Session Name	
Facilitator Name	
Date	
Location	

Dear Participant,

Please put up a tick in the appropriate column to indicate your response to each of the questions.

1 = Far below expectations

2 = Below expectations

3 = Meets expectations

4 = Above expectations

5 = Far above expectations

		1	2	3	4	5
A	Were the programme objectives met your satisfaction					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	How relevant were the topics to your personal / professional up gradation					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	How easily can you apply the learning					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Was there a logical sequence to the programme					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	How would you rate the handouts / workbooks as reference material					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	How would you rate the games / ice-breakers / audio visuals and other training aids					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G	How would you rate the length of the Training	1	2	3	4	5
H	Was there a balance between activities, games, role-plays, discussions etc. ?	1	2	3	4	5
I	How would you rate the trainer's knowledge of the subject ?	1	2	3	4	5
J	Were your questions, doubts and queries answered ?	1	2	3	4	5
K	Where you aware about course contents prior to attending the training ?	YES / NO				
L	Is practice session required ?	YES / NO				
M	What % of learning (areas) do you feel you can apply directly in your Daily work ?	20	40	60	80	100
(N) Comment on further training you would require on the same subject for your current job profile.						
(O) Please share your comments / suggestions / feedback for improving the programme.						

Name of the Participant:

Date:

Signature: