

# Training Feedback Form

Module:

Date:

Participant Name: \_\_\_\_\_

This evaluation will take a few minutes to complete. Your feedback is crucial for assessing the quality of the training program. Please provide the appropriate rating to reflect your opinion regarding the program

<b>Part I</b>		Rating On a scale of 1-5 (1 being the lowest & 5 the highest)
1	The skills & knowledge learnt in the program are relevant for me	
2	I am confident of applying the learning's from the program in my job role	
3	The facilitator created interest in the subject & related activities	
4	Requisite content / inputs were provided by the facilitator to enhance my mindset, knowledge & skill set	
5	Adequate time was spent on all modules of the program	
6	Please rate the logistical arrangements for the program (stay, meals, program venue, program material)	
7	An appropriate environment was created for learning	
8	Overall effectiveness of the program	

## Part 2

What were your key learnings from the Program?

- 1.
- 2.
- 3.

What did you like about the Program?

- 1.
- 2.
- 3.

What would you recommend, to improve the Program?

- 1.
- 2.
- 3.

Thank you for taking the time to provide your feedback

## Disclaimer

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