



Feedback Form

Date:

Place:

The feedback you give will be anonymous

Please rate the quality of this session based on the following criteria, with 1 being very poor, and 5 being excellent.

	1 very poor	2 poor	3 fair	4 good	5 excellent
Trainers facilitation skills	0	0	0	0	0
Trainers technical knowledge	0	0	0	0	0
Action learning approach	0	0	0	0	0
Relevance of practical exercises	0	0	0	0	0
Opportunity for participant interaction	0	0	0	0	0
Quality of the training materials	0	0	0	0	0

Please answer the questions below, with 1 meaning not at all, and 5 meaning to a very great extent.

	1 not at all	2 some extent	3 fair extent	4 great extent	5 very great extent
To what extent did the training meet its stated learning objective?	0	0	0	0	0
To what extent did the training meet your learning needs?	0	0	0	0	0
To what extent did the Trainers make use of the materials and handouts given for the Training?	0	0	0	0	0

Please respond to below statements, with 1 meaning strongly disagree, and 5 meaning strongly agree.

	1 strongly disagree	2 disagree	3 neutral	4 agree	5 strongly agree
My technical knowledge increased as a result of the training	0	0	0	0	0
My understanding of the programme increased as a result of the Training	0	0	0	0	0
The duration of the session was adequate	0	0	0	0	0
There was sufficient time for Q&A (Questions and Answers)	0	0	0	0	0

What did you like best about the training sessions?

How can the training materials be improved?