**Training / Course Feedback Form**

**Participant Information**

*(Optional)*

|  |  |  |  |
| --- | --- | --- | --- |
| Participant Name |  | Organization / Institute |  |
| Course / Training Title |  | Trainer / Instructor Name |  |
| Training Date(s) |  |  |  |

**Course Content Evaluation**

*Please rate the following (1 = Poor, 5 = Excellent)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Criteria** | **1** | **2** | **3** | **4** | **5** | **Criteria** | **1** | **2** | **3** | **4** | **5** |
| Relevance of course content | ☐ | ☐ | ☐ | ☐ | ☐ | Clarity of learning objectives | ☐ | ☐ | ☐ | ☐ | ☐ |
| Course structure & organization | ☐ | ☐ | ☐ | ☐ | ☐ | Usefulness of materials provided | ☐ | ☐ | ☐ | ☐ | ☐ |

**Trainer / Instructor Evaluation**

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| **Criteria** | **1** | **2** | **3** | **4** | **5** | **Criteria** | **1** | **2** | **3** | **4** | **5** |
| Subject knowledge | ☐ | ☐ | ☐ | ☐ | ☐ | Communication skills | ☐ | ☐ | ☐ | ☐ | ☐ |
| Engagement & interaction | ☐ | ☐ | ☐ | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ | ☐ |

**Learning Outcomes**

1. Did the training meet your expectations? ☐ Yes ☐ No ☐ Partially
2. Have you gained new skills or knowledge from this training? ☐ Yes ☐ No
3. How likely are you to apply what you learned? ☐ Very Likely ☐ Likely ☐ Neutral ☐ Unlikely

**Logistics & Facilities**

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| **Criteria** | **1** | **2** | **3** | **4** | **5** | **Criteria** | **1** | **2** | **3** | **4** | **5** |
| Training venue / platform | ☐ | ☐ | ☐ | ☐ | ☐ | Duration of training | ☐ | ☐ | ☐ | ☐ | ☐ |
| Audio / Visual arrangements | ☐ | ☐ | ☐ | ☐ | ☐ |  | ☐ | ☐ | ☐ | ☐ | ☐ |

**Overall Satisfaction**

* Overall rating of the training: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
* Would you recommend this training to others? ☐ Yes ☐ No

**Open Feedback**

* What did you like most about the training?

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* What can be improved?

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* Any additional comments or suggestions:

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**For Office Use (Optional)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed By** | **Date** | **Action Required** | **Reviewed By** |
|  |  |  | ☐ Yes ☐ No |