**Training Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** Please tick your level of agreement with the statements listed below

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| --- | --- | --- | --- | --- | --- |
| **Statements** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** | **Not relevant** |
| 1.The objectives of the training were met |  |  |  |  |  |
| 2.The presenters were engaging |  |  |  |  |  |
| 3.The presentation materials were relevant |  |  |  |  |  |
| 4.The content of the course was organized and easy to follow |  |  |  |  |  |
| 5.The trainers were well prepared and able to answer any questions |  |  |  |  |  |
| 6.The course length was appropriate |  |  |  |  |  |
| 7. The pace of the course was appropriate to the content and attendees |  |  |  |  |  |
| 8.The exercises/role play were helpful and relevant |  |  |  |  |  |

9. What was most useful?

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10. What was least useful?

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11. Please recommend to trainer for skills improvement.

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12. Any other comments?

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