**Genus Innovation Limited**

**Trainer Feedback Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_**

**Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Time: From\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_**

**Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*Please give your feedback which will help us to improve the sessions in near future.***

1. Was training conducted as planned? If any deviation occurred then was it properly intimated? (Yes/No)

***Remarks:***

1. Was training material aligned with the trainees’ learning objectives? (Yes/No)

***Remarks:***

1. How much do you rate for participations of trainees in this session?
2. Below Average b) Average c) Good d)Excellent

***Remarks:***

1. How much do you rate for preparation of trainees with respect to the pre-requisites for the training?

a) Below Average b) Average c) Good d) Excellent

***Remarks:***

1. How much do you rate for resources provided for training (Sound system, projectors, space, furniture etc.) –

a) Below Average b) Average c) Good d) Excellent

***Remarks:***

**Any other Issues:**

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**Any Suggestions:**

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**Signature of Trainer**