Training session Evaluation Form

Student Name (optional):Name of the Faculty:			Date:		
		Course:			
lease indicate the extend to whice	70		100000000000000000000000000000000000000		he
aculty rating: -	1	2	3	4	5
00 20 20 20 20 20 20 20 20 20 20 20 20 2					_
1. Punctuality	H				_
2. Communication Skill					H
Interaction with students					:0 ∟ :0 ⊢
4. Depth of knowledge					F
5. Problem Solving Ability				52	88
verall training rating: -	1	2	3	4	
Practical sessions				A 69	
2. Range of topics covered				8	
3. Course materials provided					1
4. Training room facilities				H	
		a A	<u> </u>		8
o you agree the training was effect	ive: str	rongly agree	agree	disagre	e
pinion about the length of course:	ju	st right	too long	too sho	ort
om where did you hear about Rad	ical Technolog	ies? Friends	N	lews paper	
ternet F	lex	Others			