

Organization Name**Format No-****LEARNER'S COURSE EVALUATION**

Name of the Program: _____

Date: _____ Duration: _____

Trainer _____

Below are a series of questions related to the training.
Please respond to each question by choosing the appropriate option.

1. Course was well structured?

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

2. Introduced me to knowledge.

a) Great extend b) to some extend c) Nil

3. I felt motivated to learn more

a) Yes b) No

4. Much of the learning can be used and applied

a) Great extend b) to some extend c) Nil

5. I have learned following aspects from the course

Trainee Signature

Evaluation by HOD/HR

Date