

**Company Name**

**Format No-**

## LEARNER'S COURSE EVALUATION

Name of the Program: \_\_\_\_\_

Date: \_\_\_\_\_ Duration: \_\_\_\_\_

Trainer \_\_\_\_\_

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

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1. The course was well structured ?

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

2. The introduced me lot of knowledge & Skill.

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 taken away and applied

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

5. I have learned the following aspects from the course

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Evaluation by HOD/HR

Signature of the Learner

Date  
Signature