Company Name   **Format No-**

LEARNER'S COURSE EVALUATION

Name of the Programme:_____

Date:_____   Duration: _____

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

_____

_____

_____

_____

                                                        Signature of the Learner

Evaluation by HOD/HR

Dated Signature