

**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. 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

---

---

---

---

Evaluation by HOD/HR

Signature of the Learner

Dated Signature