

NAME OF ORGANIZATION

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

Signature of the Learner

Evaluation by HOD/HR

Date

Signature