

COURSE QUESTIONNAIRE

We will appreciate your feedback on the quality of the training you attended. This would enable us to ascertain if the training has met its desired outcomes and to improve future training programs.

Dr. Wole Osunmakinde

Name of Training Facilitator:

Name of Department: **Technology Department**

Course Title: **Critical Thinking & Problem Solving**

Date: **18/09/2024**

On a scale of (5 = Excellent, 4 = Very good, 3 = Good, 2 = Fair, 1 = Poor), kindly complete all portions of this questionnaire. Please circle your choice.

- ◆ The course content was in line with the expectation
- ◆ The course duration was adequate
- ◆ Relevance of the training to your job
- ◆ Relevance of the content of the course
- ◆ The training experience will be useful to my job
- ◆ How do you rate the overall training?
- ◆ Organization & administration of the programme

1	2	3	4	5 ✓
1	2	3 ✓	4	5
1	2	3	4	5 ✓
1	2	3	4 ✓	5
1	2	3	4 ✓	5
1	2	3	4	5 ✓
1	2	3	4	5 ✓

How do you hope to transfer the training to your job? **Since the major aspect of my job in the organization is to solve problem, this training have enable to me to understand how to use my ability of critical thinking to solve real life problems**

What aspect of the training could be improved? **The time for the training is too long, if the timing can be improve alot can be learn within limited period of time without distraction**

Additional Comments.....