



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.

Name of Training Facilitator:

Name of Department:

Course Title:

Date:

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?.....

What aspect of the training could be improved?.....

Additional Comments.....