

## **Training session Evaluation Form**

Please take a few moments to provide us with some important feedback regarding your last session. This information will be used to improve our future training programs.

Please indicate the extend to which you agree with the following questions.Mark  in the boxes below according to your rating from 1-5:	Student Name (optional):			Da	ate:		
boxes below according to your rating from 1-5:	Name of the Faculty:			Course:			
1. Punctuality							<u>he</u>
2. Communication Skill	Faculty rating: -		1	2	3	4	5
4. Depth of knowledge		·					
Overall training rating: - 1 2 3 4 5  1. Practical sessions							
1. Practical sessions	5. Problem	Solving Ability					
2. Range of topics covered	Overall training rating: -		1	2	3	4	5
4. Training room facilities agree agree disagree  Do you agree the training was effective: strongly agree agree disagree  Opinion about the length of course: just right too long too short  From where did you hear about Radical Technologies? Friends News paper  Internet Flex Others							
Do you agree the training was effective: strongly agree agree disagree  Opinion about the length of course: just right too long too short  From where did you hear about Radical Technologies? Friends  News paper  Internet  Others	3. Course	materials provided					
Opinion about the length of course: just right too long too short  From where did you hear about Radical Technologies? Friends News paper  Internet Others	4. Training	room facilities					
From where did you hear about Radical Technologies? Friends News paper  Internet Others	Do you agree th	e training was effect	ive: s	trongly agree	agree	disagre	e
Internet Flex Others	Opinion about t	he length of course:	j	ust right	too long	too sho	rt
	From where did	you hear about Radi	cal Technolo	gies? Friends [	N	lews paper	
Any other comments/suggestions	Internet	FI	ex	Others			
	Any other comn	nents/suggestions _					