

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.

Student Name (optional): _____ Date: _____

Name of the Faculty: _____ Course: _____

Please indicate the extend to which you agree with the following questions. Mark ☒ in the boxes below according to your rating from 1-5 : 1= poor & 5=Excellent

Faculty rating: -	1	2	3	4	5
1. Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communication Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Interaction with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Depth of knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Problem Solving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall training rating: -	1	2	3	4	5
1. Practical sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Range of topics covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Course materials provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Training room facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you agree the training was effective: strongly agree ☐ agree ☐ disagree ☐

Opinion about the length of course: just right ☐ too long ☐ too short ☐

Any other comments/suggestions _____

