

## Participant Feedback Form

<b>Program Title</b>		JAVA STACK TRAINING				
<b>Participant Name</b>		<b>Company</b>		SLK Software Services Pvt Ltd		
<b>Trainer Name</b>		Upasana		<b>Location</b> Bangalore		
<b>Training Date(s)</b>		<b>From</b>	14 <sup>TH</sup> Oct, 2019	<b>To 25<sup>th</sup> Oct, 19</b>		
<b>S. No</b>	<b>Parameter</b>	<b>5 (High)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1 (Low)</b>
1.	How well were the program objectives explained at the start?					
2.	How effective was the Trainer in clearly communicating the concepts and handling doubts?					
3.	How would you rate the Trainer's ability to ensure participation from the class?					
4.	How effectively Exercises/ assignments etc. used?					
5.	How effective was the Trainer in sharing examples on the concepts?					
6.	Based on the coverage, how confident are you that you can apply/practice what you have learnt in this program, in your job?					
<ul style="list-style-type: none"> <li>What were the major learning points for you?</li> </ul>						
<ul style="list-style-type: none"> <li>With reference to your learning, what is your personal action plan?</li> </ul>						
<ul style="list-style-type: none"> <li>Any other comments / Suggestions:</li> </ul>						

**Participant Signature**