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|  | **GOLDOZI MOBILE APP TRAINING EVALUATION**  Thank you for participating in the Goldozi mobile app training. We hope that you found the lessons helpful as we try to set you up for success in your role with us. We would like to ask for your feedback on our training so that we can continue to improve and provide you the best training possible. |  |
|  | |  |  |  | | --- | --- | --- | | COURSE CONTENT AND RELEVANCE | YES | NO | | 1. The lesson objectives were clearly defined. |  |  | | 1. The lesson objectives were covered by the facilitator. |  |  | | 1. The lessons were the right level of complexity for my background. |  |  | | 1. The content was relevant to my role’s needs |  |  | | 1. I was given an opportunity to use the Goldozi app each lesson. |  |  | | 1. The practical exam was a fair representation of the course content. |  |  | | FACILITATOR KNOWLEDGE AND EFFECTIVENESS | YES | NO | | 1. The facilitator demonstrated a good understanding of the topics covered and effectively delivered the training. |  |  | | 1. The facilitator shared their experience with the participants to be able to relate to the content being discussed. |  |  | | 1. The facilitator did a good job of generating participant interaction while maintaining a positive learning environment. |  |  | | 1. The pace of the training was good. |  |  | | 1. The duration of the lessons was appropriate for the content objectives and complexity. |  |  | | 1. The facilitator provided helpful feedback an assistance during every lesson. |  |  | | 1. The breaks were spaced at the right times during the training |  |  | | TRAINING FACILITY | YES | NO | | 1. The training facility had adequate lighting. |  |  | | 1. The temperature was comfortable. |  |  | | 1. I was able to charge my mobile phone. |  |  | | 1. Adequate Internet access was provided. |  |  | | 1. Adequate refreshments were provided. |  |  | | 1. The training was held at a location and time of day that allowed me to manage my work and family responsibilities without compromising my safety. |  |  | | FINAL THOUGHTS | | | | 1. What did you like most about the training? | | 1. What do you think needs to be changed or improved? | | 1. Please share any additional thoughts on the training and/or facilitator. | |  | |  |