

Training Camp Feedback Form

School Name

Student Full Name

Class

Date of Training Camp

Timing of Training Camp

Overall Rating of the Camp

☐ Excellent ☐ Good ☐ Average ☐ Poor

Please rate the following (1 = Poor, 5 = Excellent)

Organization and management of the camp

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Trainer / Instructor Feedback

Trainer's knowledge & communication skills

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Friendliness and approachability

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Clarity of explanation

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Engagement with students

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Personal Experience

What did you enjoy the most?

Challenges faced during the camp

Skills/knowledge gained

Any additional comments