|  |  |  |  |
| --- | --- | --- | --- |
| **Program’s Name:** |  | | |
| **Date(s) :** |  | | |
| **Facilitator:** |  | | |
| **Participant’s Name :** |  | **Clover ID:** |  |

Your help in evaluating the program will assist us in enhancing this course for future participants. Please respond to the questions as completely and objectively as possible.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SUBJECT | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
| The subject is Relevant to you |  |  |  |  |  |
| The Subject was made easy to understand |  |  |  |  |  |
| The examples and exercises were relevant |  |  |  |  |  |
| The method of training was effective |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FACILITATOR | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
| Presented with clarity and was effective |  |  |  |  |  |
| Demonstrated thorough knowledge and understanding of the topic |  |  |  |  |  |
| Was able to address all situational doubts |  |  |  |  |  |
| Covered all the stated objectives/topics |  |  |  |  |  |
| Encouraged class participation |  |  |  |  |  |
| Do you have any Comments for the Facilitator? |  | | | | |

How do you rate the duration of the Program?

1. Too lengthy 2. Too short 3. Just appropriate

**What was the most valuable take-away for you from this program?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| RELEVANCE | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
| The Subject is relevant to my working |  |  |  |  |  |
| This Training will help in my performance |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LOGISTICS SUPPORT –  (Classroom Training) | Excellent | Good | Fair | Poor | Not Applicable |
| How well was the IT support? |  |  |  |  |  |
| How well was the Facilities support? |  |  |  |  |  |
| How was the overall ambience? |  |  |  |  |  |
| LOGISTICS SUPPORT –  (Online Training) | Excellent | Good | Fair | Poor | Not Applicable |
| Connectivity of the link |  |  |  |  |  |
| Clarity of the presentation |  |  |  |  |  |
| Quality of Audio and visual effects |  |  |  |  |  |

**Do you have any comments & improvement regarding the online training mode?**

**What is your opinion in how to improve this program in future?**

The Program was worth the time spent away from my job.

1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree

**Signature of the participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Hope you enjoyed the session. Thank you for your valuable feedback & time.***