

INTERNATIONAL INSTITUTE OF TROPICAL AGRICULTURE

NON-DEGREE TRAINING PROGRAM EVALUATION (must be submitted by Trainee at the end of training program) (Please read through the questionnaire first)

1.0 General information

1.1 Name..... 1.2 Citizenship.....
surname other names

1.3 Present address.....

1.4 Permanent contact address.....

1.5 Highest educational attainment:

..... Diploma M.Sc Others (specify)
..... B.Sc Ph.D

1.6 Program area (at IITA).....

1.7 Specialization.....

1.8 Arrival Date (at IITA)..... Departure Date.....

2.0 Training program

2.1 Overall assessment of the training:

..... very good good satisfactory poor

2.2 Overall planning and management:

..... very good good satisfactory poor

2.3 Organisation of the program:

..... well structured could be improved

2.4 Time management:

..... good satisfactory poor

2.5 Duration of the program:

..... Too long about right too short

2.6 Extent to which training objectives were met:

..... fully partially not at all

2.7 Achievement of your objectives in attending the training:

..... fully partially not at all

2.8 How valuable has the training been in terms of your professional goal:

..... very valuable somewhat valuable of little value

2.9 Knowledge acquired:

..... much some little

2.10 Balance between theory and practice/laboratory work etc:

..... appropriate inappropriate

Comments.....

3.0 Supervisors/Resource Persons (legend: good 3, satisfactory 2, poor 1)

3.1 Lead resource person: Name.....

3.1.1	Mastery of subject matter	3	2	1
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3.1.2	Training abilities	3	2	1
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3.1.3	Ability to listen to and involve trainee	3	2	1
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3.1.4	Method of instruction	3	2	1
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3.2 Other resource persons: Name.....

3.2.1	Mastery of subject matter	3	2	1
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3.2.2	Training abilities	3	2	1
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3.2.3	Ability to listen to and involve trainee	3	2	1
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3.2.4	Method of instruction	3	2	1
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3.3 Other resource persons: Name.....

3.3.1	Mastery of subject matter	3	2	1
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3.3.2	Training abilities	3	2	1
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3.3.3	Ability to listen to and involve trainee	3	2	1
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3.3.4	Method of instruction	3	2	1
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Comments.....

4.0 Support facilities (legend: good 3, satisfactory 2, poor 1, not applicable 0)

Technical

4.1	Library	3	2	1	0
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4.2	Laboratory	3	2	1	0
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4.3	Fields	3	2	1	0
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4.4	Access to/use of computer	3	2	1	0
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4.5	Accessibility to other scientists	3	2	1	0
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4.6	Transportation to research sites/facilities	3	2	1	0
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4.7	Training materials	3	2	1	0
4.8	Others (please specify)_____	3	2	1	0

Administrative

4.9	Meals	3	2	1	0
4.10	Accommodation	3	2	1	0
4.11	Transportation	3	2	1	0
4.12	Overall support from Training Program	3	2	1	0
4.13	Travel services	3	2	1	0
4.14	Medical services	3	2	1	0
4.15	Others (please specify)_____	3	2	1	0

Comments_____

5.0 Program impact

5.1 What were the major benefits of this training to you?_____

5.2 What were the specific skills/knowledge acquired or updated during the training?_____

5.3 In relation to the constraints you identified before the training,

5.3.1 what areas of the training would you have spent less time on?_____

5.3.2 what topics should have been omitted from the training?_____

5.3.3 what topics should have been added to the training?_____

5.4 How could your experience have been better utilized during the training?_____

5.5 What changes would you suggest to improve this type of training?_____

5.6 Would you like to maintain/establish collaboration with IITA? _____ Yes _____ No

5.6.1 If yes, indicate nature/area of proposed collaboration_____

5.6.1.1 What assistance would you require for this collaboration?_____

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5.6.2 If no, why?.....

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5.7 Other comments.....
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We thank you for your assistance.