Participants' Training Feedback



This form is for the purpose to get feedback about the effectiveness of this training program in achieving its objectives and expectations of participants. It would further help us to improve quality & effectiveness of the Training Program and delivery methodology etc. Please give your comments and suggestions, if any;

Scale of feedback -

Training **Program**

Not Satisfactory	Satisfactory	Good	Excellent	Outstanding
1	2	3	4	5

Faculty			
Start Date		End Date	
Company Name		Venue	
Participant's Name			
Designation			
Telephone		Hand Phone	
Email Id			
			,
PARAMETERS		SCORE	REMARKS
Faculty Effective	ness		
Faculty exhibited strong knowledge of subject			
Faculty presented vattention	well and held my		
My questions were	answered thoroughly		
I am satisfied with the Training overall			
I am satisfied with	the Training overall		
During Training, I w responsibilities and propoerly	the Training overall was relieved of my job d could concentrate es (AC, Food, Stationary		

Before Training After Training

Rate your level of knowledge

etc)

Overall Rating