

Course Feedback Form: Agile QA Practices

Facilitators: _____

Date and location: _____

Participant Name (optional): _____

May we contact you for followup? Y N

If yes, please enter your email address: _____

Course

Did the course meet your expectations? (1=not at all, 3=sort of, 5=yes!) ____

How would you rate the content? (1=not so good, 3=okay, 5=excellent) ____

Would you recommend this class to others? Y N (circle one)

Comments about the course:

Facilitator(s)

Did the facilitator(s) know the material? (1=not really, 3=sort of, 5=yes, in depth) ____

Did the facilitator(s) communicate well? (1=not really, 3=sort of, 5=yes) ____

Did the facilitator(s) treat participants with respect and attention? (1=no, 3=so/so, 5=yes) ____

Was the facilitator(s) able to answer questions satisfactorily? (1=no, 3=so/so, 5=yes) ____

Comments about the Facilitator(s):
