

## Course Feedback Form: Agile Fundamentals

Facilitator: \_\_\_\_\_

Date & Location of Course: \_\_\_\_\_

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:

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### Facilitator

Did the Facilitator know the material? (1=not really, 3=sort of, 5=yes, in depth) \_\_\_\_

Did the Facilitator communicate well? (1=not really, 3=sort of, 5=yes) \_\_\_\_

Did the Facilitator treat participants with respect and attention? (1=no, 3=so/so, 5=yes) \_\_\_\_

Was the Facilitator able to answer questions satisfactorily? (1=no, 3=so/so, 5=yes) \_\_\_\_

### Comments about the Facilitator:

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