

Participant Feed Back Form

Participant Name:	Course Name:
Course Location:	Course Date:
Facilitators:	

Your feedback is critical for enhancing the course's effectiveness. Please let us have your comments / views / suggestions on the following areas, so that we may incorporate them accordingly and deliver to you the best of our training.

Strongly disagree	Disagree	Neither	Agree	Strongly agree
1 ☹️	2	3	4	5 😊

	1	2	3	4	5	Comments
	☹️				😊	
1. I had the knowledge and/or skills required to start this course						
2. The facilities/arrangements (i.e. equipments, tea/lunch etc.) were favorable to learning.						
3. I was able to take this course when needed it.						
4. I clearly understood the course objectives.						
5. The course met all of its stated objectives.						
6. The way this course was delivered (such as classroom, computer, video) was an effective way for me to learn this subject matter						
7. Participant materials (handouts, workbooks, etc.) were useful during the course.						
8. I had enough time to learn the subject matter covered in the course.						
9. The course content was logically organized.						
10. My knowledge and/or skills increased as a result of this course.						
11. The knowledge and/or skills gained through this course are directly applicable to my job.						
12. Overall, I was satisfied with the course.						
13. I was also satisfied with the facilitator.						
14. I would recommend this course to other employees						Please indicate here who you know should attend this course.

Course Length

Short

Sufficient

Appropriate

Long

Thank you for your feedback
Signature of the Participant