



# LEARNERS FEEDBACK FORM

FORM ID # 410

Please tell us about your training. Your feedback is important in developing the quality of our education.

- Provide one response to each item in this form
- Complete using black or blue pen
- Please circle the appropriate option in respective column

COURSE NAME: \_\_\_\_\_

TRAINER'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DESCRIPTION					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Q1: The training met my expectations.	1	2	3	4	5
Q2: I will be able to apply the knowledge learned.	1	2	3	4	5
Q3: The training objectives for each topic were identified and followed.	1	2	3	4	5
Q4: The content was organised and easy to follow.	1	2	3	4	5
Q5: The materials distributed were pertinent and useful.	1	2	3	4	5
Q6: The trainer was knowledgeable.	1	2	3	4	5
Q7: The quality of instruction was good.	1	2	3	4	5
Q8: The trainer met the training objectives.	1	2	3	4	5
Q9: Class participation and interaction were encouraged.	1	2	3	4	5
Q10: Adequate time was provided for questions and discussion.	1	2	3	4	5
Q11: Over all I am satisfied with training.	1	2	3	4	5

What aspects of the training could be improved?

---

---

---

---

---

---