**FEEDBACK FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please indicate your impressions of the items listed below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | StronglyAgree | Agree | Neutral | Disagree | StronglyDisagree |
| 1. The training met my expectations. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 2. I will be able to apply the knowledge learned. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 3. The training objectives for each topic were identified and followed. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 4. The content was organized and easy to follow. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 5. The materials distributed were pertinent and useful.  | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 6. The trainers were knowledgeable. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 7. The quality of instruction was good. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 8. The trainers met the training objectives.  | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 9. Class participation and interaction were encouraged. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| 10. Adequate time was provided for questions and discussion. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |

11. How do you rate the training overall?

Excellent Good Average Poor Very poor

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12. What aspects of the training could be improved?

13. Would you ever like to attend any other ORIC-Professional Development course? If Yes, in what area?

 13. Any other comments?

**THANK YOU FOR YOUR PARTICIPATION!**