

Feedback Form

Oracle BI Publisher Training

Please fill in this form to provide the training team with feedback about the course

Batch No.: 1002
 Duration: 21-03-2009 to 29-03-2009
 Name of Trainee: Giri Kammili
 Your Organization Name:
 Your Designation:

Your feedback is **very important** to us. Please enter “Y” in relevant boxes below

Rating	Poor	Fair	Average	Good	Very Good	Excellent	Comments
Course Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Contents/Scope Covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Training Session Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hands On Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Trainers Technical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Trainers Presentation Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Speed/Length of the Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Voice Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Response to queries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Would you refer this training to your friends/colleagues?							<input type="text" value="YES"/>
Did Training meet your expectations?							<input type="text" value="YES"/>
Is there anything else you would like to suggest or any further comments?							<input type="text"/>
Can we use your feedback to help marketing our future trainings [Yes/No]? If you wish, we will keep this feedback anonymous							<input type="text" value="Yes"/>