

Feedback Form

Oracle BPEL & ESB Training

Please fill in this form BPEL-1001
to provide the training
team with feedback
about the course:

Batch No.:

Duration: 20-09-2008 to 28-09-2008

Name of Trainee: Somasundaram Nair

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Training Contents/Scope Covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input style="width: 100%;" 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 style="width: 100%;" type="text"/>
Trainers Technical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input style="width: 100%;" 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 style="width: 100%;" type="text"/>
Speed/Length of the Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Response to queries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input style="width: 100%;" type="text"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input style="width: 100%;" type="text"/>
Would you refer this training to your friends/colleagues?							<input style="width: 100%;" type="text" value="Yes"/>
Did Training meet your expectations?							<input style="width: 100%;" type="text" value="Yes"/>
Is there anything else you would like to suggest or any further comments?							<p>You could have more emphasis on the practicals . more so practicals that would emulate the real world scenarios.</p> <p>Also you could have minimum 2 weeks between the Order Booking tutorial.</p>
Can we use your feedback to help marketing our future trainings [Yes/No]? If you wish, we will keep this feedback anonymous							<input style="width: 100%;" type="text" value="Yes"/>