

Feedback Form

Online Oracle Core DBA Training

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

Batch No.: 1003

Date: 1-August-2009 to 16-August-2009

Name of Trainee: Frank

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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I was really impressed. The most informative course I have ever been on. New approach to learning from the comfort of your home. |
| Training Contents/Scope Covered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scope covered is useful. |
| Training Session Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hands On Session | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Good. |
| Trainers Technical Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Excellent! |
| Trainers Presentation Style | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Great! Very well taught and well presented. Very pleased by the support offered by the trainer. I am confident that with the knowledge imparted I can look forward to a switch in my career |
| Speed/Length of the Course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Voice Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The trainer voice was clear |
| Response to queries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | The course was very interactive and the trainer answered questions and cleared our doubts. |
| Overall Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Would you refer this training to your friends/colleagues? | | | | | | | Yes, I have already recommended and my friend is planning to attend in October. |
| Did Training meet your expectations? | | | | | | | Yes |
| Can we use your feedback to help marketing our future trainings [Yes/No]? If you wish, we will keep this feedback anonymous | | | | | | | Yes |