

Feedback Form

Teletech: Corporate OA Framework Training

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

Duration: 7th Dec 09 to 12th Dec 09

Name of Trainee: Christiane Chan

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input style="width: 100%;" type="text"/> |
| Training Session Quality | <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"/> |
| 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 checked="" type="checkbox"/> | <input 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"/> |
| Voice Quality | <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"/> |
| 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"/> |
| Did Training meet your expectations? | | | | | | | <input style="width: 100%;" type="text" value="Yes"/> |
| 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"/> |