

Feedback Form

Online OA Framework Training

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

Batch No.: 1011
 Date: 11-July-2009
 Name of Trainee: Anonymous
 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 type="checkbox"/> | <input checked="" 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"/> | |
| Training Session Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Hands On Session | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Trainers Technical Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Trainers Presentation Style | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Speed/Length of the Course | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Voice Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Response to queries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Overall Evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | The instructor has indepth knowledge of OAF and good communications skills. Overall the course was wonderfull and I definitely gained a lots of knowledge. Thanks FT. |
| Would you refer this training to your friends/colleagues? | | | | | | | Yes |
| Did Training meet your expectations? | | | | | | | Yes |
| Can we use your feedback to help marketing our future trainings [Yes/No]? | | | | | | | For feedback Yes |
| If you wish, we will keep this feedback anonymous | | | | | | | Anonymous |