

	<h1 style="margin: 0;"><u>Feedback Form</u></h1>	
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Redhat - Onsite OAF Corporate Training

Training Duration:- 5 Days

Your Name:- Sonal Sharma

Trainer's name:-

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

Rating	P o r	F a i r	A v e r a g e	G o o d	V e r y G o o d	E x c e l l e n t	Comments
Training Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" 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: 95%;" type="text"/>
Hands On Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" 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: 95%;" 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: 95%;" 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 style="width: 95%;" 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: 95%;" type="text"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
Did Training meet your expectations?							Yes
Is there anything else you would like to suggest or any further comments?							
Can we use your feedback to help marketing our future trainings [Yes/No]? If you wish, we will keep this feedback anonymous							Yes

***** Kindly mail the filled feedback forms to training@focusthread.com**