

Feedback Form

Oracle OA Framework Training

Please fill in this form to provide the training team with feedback about the course:
 Batch No.:
 Duration: 1004 Oct/Nov 2008
 18-OCT-2008 to 02-Nov-2008

Name of Trainee: Your name here

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 type="checkbox"/>	
Hands On Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speed/Length of the Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	
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"/>	
<p>Would you refer this training to your friends/colleagues?</p>							<p>Yes, Trainer are very knowledgeable, gave me detail picture of OAF and now I am coding in real project, and I like his training skill better than Oracle University where I had other training before, It is almost one and one kind of training. I am impressed. When I need help he is there right a way!</p>
<p>Did Training meet your expectations?</p>							<p>I got more than I was expecting</p>
<p>Is there anything else you would like to suggest or any further comments?</p>							<p>I prefer to have access to server</p>

	more, I mean few months!!!
Can we use your feedback to help marketing our future trainings [Yes/No]? If you wish, we will keep this feedback anonymous	<input data-bbox="1003 268 1425 310" type="text" value="Yes, You can use my name"/>