

Feedback Form

Online OA Framework Training

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

Batch No.: 1018

Date: 17th April to 8th May 2010

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Training Contents/Scope Covered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Would like to see and work on some complex real work scenarios to gain confidence in working with OAF |
| Training Session Quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Live Demo covered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Trainers Technical Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pretty knowledgeable |
| Trainers Presentation Style | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | |
| Response to queries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Trainer was very responsive |
| 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 |
| 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 | | | | | | | Sure but keep in anonymous |