

## Feedback Form

### TeleTech: Corporate OA Framework Training

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

Duration: 7<sup>th</sup> Dec 09 to 12<sup>th</sup> Dec 09

Name of Trainee: Elango Pandurangan

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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input style="width: 100%;" type="text"/>                         |
| Training Session 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"/>                         |
| Hands On Session   | <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"/>                         |
| 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: 100%;" type="text"/>                         |
| Trainers Presentation Style  | <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"/>                         |
| Speed/Length of the Course   | <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"/>                         |
| 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"/>                         |
| <b>Would you refer this training to your friends/colleagues?</b>   |                          |                          |                          |                          |                                     |                                     | <input style="width: 100%;" type="text" value="Yes. Definetely"/> |
| <b>Did Training meet your expectations?</b>  |                          |                          |                          |                          |                                     |                                     | <input style="width: 100%;" type="text" value="Yes"/>             |
| <b>Is there anything else you would like to suggest or any further comments?</b>   |                          |                          |                          |                          |                                     |                                     | Nothing I can think of.   |
| <b>Can we use your feedback to help marketing our future trainings [Yes/No]?<br/>If you wish, we will keep this feedback anonymous</b> |                          |                          |                          |                          |                                     |                                     | <input style="width: 100%;" type="text" value="yes"/>             |