

Feedback Form

OA Framework Development, Personalization & Extensions Training

Please fill in this form 1001
to provide the training
team with feedback
about the course:

Batch No.:

Duration: 02-08-2008 to 17-08-2008

Name of Trainee: Anoop Singh

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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"/>	
Would you refer this training to your friends/colleagues?							Yes
Did Training meet your expectations?							Yes. Fantastic, Excellent attitude of the trainers. This training is a knowledge treasure. Learning OA framework was turning out to be a difficult task before this training but not any more. It was just 20 days ago I thought of moving to oracle apps, and from google I reached and stopped at www.apps2fusion.com , after browsing thru this site for a week, I knew I can learn and practise more if I join your training. In short expectation exceeded.

Is there anything else you would like to suggest or any further comments?	1. At times, the pace of the trainer was affected because of too many questions from the trainees. May be it would have been better to note down those questions and answer during training or in the end.
Can we use your feedback to help marketing our future trainings [Yes/No]? If you wish, we will keep this feedback anonymous	<input type="text" value="Yes"/>