

## 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:** Smita Thakur

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 checked="" type="checkbox"/>	<input 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"/>
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%; text-align: center;" type="text" value="Very sound"/>
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%; text-align: center;" type="text" value="Nice"/>
Speed/Length of the Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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%; text-align: center;" type="text" value="Just on spot"/>
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%; text-align: center;" type="text" value="Excellent !!! keep it up"/>
<b>Would you refer this training to your friends/colleagues?</b>							<input style="width: 100%; text-align: center;" type="text" value="Yes !! Absolutely"/>
<b>Is there anything else you would like to suggest or any further comments?</b>							KEEP THE Q? AND ANSWER SESSIONS SEPARATE FROM THE CORE SESSION TOPICS.
<b>Can we use your feedback to help marketing our future trainings [Yes/No]? If you wish, we will keep this feedback anonymous</b>							<input style="width: 100%; text-align: center;" type="text" value="Yes"/>