

# Feedback Form

## Online OBIEE training

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

Batch No.: 1005

Date: 20<sup>th</sup> December 2009 to 9<sup>th</sup> January 2010

Name of Trainee: Anonymous

Your Organization Name:

**Zensar Technologies**

Your Designation: **Team**

**Lead**

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 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input style="width: 100%;" type="text"/> |
| Live Demo 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"/> |
| 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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input style="width: 100%;" type="text"/> |
| Voice Quality   | <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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input style="width: 100%;" type="text"/> |
| Overall Evaluation  | <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"/> |
| <b>Would you refer this training to your friends/colleagues?</b>  |                          |                          |                          |                          |                                     |                                     | Yes                                       |
| <b>Did Training meet your expectations?</b>   |                          |                          |                          |                          |                                     |                                     | Yes                                       |
| <b>Can we use your feedback to help marketing our future trainings [Yes/No]?</b><br>If you wish, we will keep this feedback anonymous |                          |                          |                          |                          |                                     |                                     |   |