

## Feedback Form

### Online OBIEE Training

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

Batch No.: 1001  
 Duration: 21-03-2009 to 11-04-2009  
**Name of Trainee:** Cyrus Munshi (Trinh Tran)  
**Your Organization Name:** Aderas  
**Your Designation:** Technical Manager

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"/>
Hands On Session	<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 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 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%;" type="text"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<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>							The instructor did an excellent job of making sure each student kept up with the class and had all questions answered.
<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%;" type="text" value="yes"/>