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| Feedback Form |

COURSE DETAILS

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| Name of Participant |  | Date |  |
| Location |  | Trainer |   |
| Course name |  |
| Cluster title (if applicable) |  |

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| **EVALUATION** (Please fill in circle ⚫) | **STRONGLY DISAGREE** | **DISAGREE** | **NEUTRAL** | **AGREE** | **STRONGLY AGREE** |
| The objectives of the workshop were clear to me | O | O | O | O | O |
| The content was relevant to my work | O | O | O | O | O |
| I know more about the topic now than I did before | O | O | O | O | O |
| I will use the knowledge I have gained in my work | O | O | O | O | O |
| The presenter was knowledgeable and professional | O | O | O | O | O |
| The presentation was easily understood and clearly explained. | O | O | O | O | O |

What are some of the key points that you find most useful?

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What aspects of the training would you like more information on?

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How can we improve your learning experience?

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Any additional comments?

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