

**Channel Development & Training Department**  
**PROGRAMME FEEDBACK FORM**

<b>Name</b> :	<b>Course Code</b> :
<b>Course Title</b> :	<b>From</b> : _____ <b>To</b> : _____

	<u>Unsatisfied</u>		<u>Average</u>		<u>Satisfied</u>
	1	2	3	4	5
<b>1. RELEVANCE</b>					
1.1 How clearly were the objectives defined by the faculty at the beginning of the programme ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 How well were the stated objectives achieved by the end of the programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 How would you rate your confidence level to use your learning for enhanced personal effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. STRUCTURE</b>					
2.1 Practice of concepts learnt (hands-on, exercises, examples etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Pace of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. FACULTY</b>					
3.1 Presentation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Knowledge of subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Interest in the programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. OTHERS</b>					
4.1 Please rate your overall satisfaction with the programme:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. COMMENTS**

5.1 Things you liked most about the programme:

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5.2 Things you liked least about the programme

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5.3 Any achievable suggestions for improving this programme?

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(PLEASE TEAR HERE - PARTICIPANT'S COPY)

**POST COURSE ACTION PLAN**

<b>Name</b> :	<b>Course Title</b> :	<b>From</b> :	<b>To</b> :
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List two follow-up activities that you will do at your workplace with time frames.

SLNO	ACTIVITY	BY DATE