

Onsite Training Evaluation

Course: VB Programming training

Instructor: Andy Date: 27-3-2012

Your Name: Hameed Salih Job title: _____

Company Name: _____

What did you want to achieve from this training? _____

To enable us to continue to meet your training needs, please take a moment to complete this evaluation form. This form is designed to help assure the quality and effectiveness of our training program (Note: 1= Poor, 4= Excellent).

	1	2	3	4
1. The course content was practical and useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. The participant materials will be a good reference source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. The instructor was knowledgeable in the subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. The instructor responded to questions thoroughly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The training program was relevant to your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Overall, this training program met your expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments on training:
Thanks Andy

How would you rate your level of skill or knowledge pertaining to the course content?

	Beginner	Intermediate	Expert		Intermediate	Expert
Before your training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	After your training	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If there were something you would like to add or change in this training session, what would it be?

What was the most valuable training tip or area you learnt today that you can take back to your office?

What other computer training courses are you interested in?

Computer Training Options would like to include some of your comments in our training literature to better inform other potential students. We would appreciate your consent to use your comments. I hereby authorise CTO to use my name, company name & comments about this course in Promotional literature:

Signature: [Signature] Date: 27/3/2012

Thankyou so much for taking the time to fill out this evaluation form – we greatly appreciate feedback so we can continue to develop areas of concern & utilize our strengths to continue to offer excellent service.

Onsite Training Evaluation

Course: USA Training
Instructor: Andrew Thiel Date: 26-27 March
Your Name: Dede Manuel Job title: SR Eval Officer
Company Name: ECU
What did you want to achieve from this training? An understanding of USA Scripting

To enable us to continue to meet your training needs, please take a moment to complete this evaluation form. This form is designed to help assure the quality and effectiveness of our training program (Note: 1= Poor, 4= Excellent).

- | | 1 | 2 | 3 | 4 |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. The course content was practical and useful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The participant materials will be a good reference source | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. The instructor was knowledgeable in the subject | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. The instructor responded to questions thoroughly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. The training program was relevant to your needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Overall, this training program met your expectations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments on training: Excellent!!

How would you rate your level of skill or knowledge pertaining to the course content?

	Beginner	Intermediate	Expert	Intermediate	Expert	
Before your training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	After your training	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If there were something you would like to add or change in this training session, what would it be?

What was the most valuable training tip or area you learnt today that you can take back to your office?

What other computer training courses are you interested in?

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Signature:  Date: 29/3/12

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