

COURSE EVALUATION FORM

Name of Trainee: _____ Date: _____

Course Name: _____

Date of Course: _____ Venue: _____

Faculty Name: _____

#	Particulars	
01	You were aware about this course before started? Yes / No.	
02	Did management explain to you, what you would be expected to learn? Yes / No.	
03	What you achieved from course? Details...	
04	Did you learn as course explained before started? Yes / No	
05	Please Rate your faculty = 01 Is low and 05 is High	
<i>Sr.</i>	<i>Description</i>	<i>Rate</i>
5.1	Communications & Interaction Skill	
5.2	Presentation Skill	
5.3	Did your faculty stay on subject?	
5.4	Learning Technique	
5.5	Were the lessons planned?	
06	Comments on course faculty facilities	
07	Are you satisfied with method of faculty? Yes / No	
08	Course duration is Too Long : _____ Too Short: _____ Acceptable: _____	
Employee Sign _____ Date _____		H.R. Received Date _____ Received by _____