

DISCOVERY INITIATIVE: Feedback & Evaluation Form

COURSE: **VENUE:** **DATE:**

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

Participant's Name:

Tel/Mobile:

Email:

Since you started out with Discovery Initiative Programmes, how has the workshops, Mentoring sessions and the training benefited you?

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Rating	Poor	Fair	Average	Good	Very Good	Excellent	Comments
Usefulness of the Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Trainer's Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Event Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Advertising/Communication of Event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
What did you most like about this Training?							<input type="text"/>
What did you least like about this Training?							<input type="text"/>
Is there anything else you would like the Training to have covered?							<input type="text"/>
Will you invite your friends to come for the next training							<input type="text"/>

SIGNATURE:

DATE: