

Course Feedback Form

Course Code and Name: _____

Learner's Name (Optional): _____

The information obtained from this questionnaire will be used for feedback to staff members and for course evaluation. To ensure confidentiality, you need not identify yourself, but please respond to all statements honestly and thoughtfully.

Thank you for participating in (name of course). In order to assist with future developments, I would be grateful if you could provide feedback on the following statements.

I liked the following things about the training I have participated in.

The training has enhanced my knowledge and skills in the following ways:

The training will help me perform my job role better in the following ways

I would like to suggest the following topic(s) for future training programs.

Thank you for your time.