

Faculty of Health Sciences, The Open University of Sri Lanka

Training Feedback and Evaluation Form

Name of the Workshop/Training Programme:

Title:

Venue:

Date:

Time:

Thank you for your attendance and participation at the (Include the workshop name). We are interested in your feedback about the content and process of this workshop. Please take a moment to give us your opinion on this workshop/training programme. Please circle the number which reflect your views of this workshop/training.

1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

1.	The training met the stated objectives.	1	2	3	4	5
2.	The training covered what I expected it to.	1	2	3	4	5
3.	The training was enjoyable.	1	2	3	4	5
4.	The training was well organized.	1	2	3	4	5
5.	The content of the presentation was well organized.	1	2	3	4	5
6.	The trainer's knowledge was good.	1	2	3	4	5
7.	Clear answers were given to questions asked by the audience.	1	2	3	4	5
8.	Discussion was encouraged.	1	2	3	4	5
9.	The techniques used (e.g. role play, small group work) were effective.	1	2	3	4	5
10.	The venue/room was comfortable.	1	2	3	4	5

	Comments
1.	What did you like best about the workshop/content?
2.	What could have been done better?
3.	Any comments/suggestions including topics/areas you would like to see covered in the future?

Head/Department.....
Faculty of Health Sciences,
The Open University of Sri Lanka,
Nawala,
Nugegoda.