

It is important that we understand the needs and wants of you in order for us to continuously improve our service. Please spend few minutes of your time to fill in your comments and feedbacks so that we can improve our course in the future.

**Course attended :** \_\_\_\_\_

**Venue :** \_\_\_\_\_

**Date:** \_\_\_\_\_

**GENERAL QUESTIONS**

1) Was the course too stressful for you? Yes  No

Comments: \_\_\_\_\_

2) Were all the topics clearly taught throughout the course? Yes  No

Comments: \_\_\_\_\_

3) Is there any suggestion or additional requirements to enhance your understanding in certain topics? Yes  No

Comments: \_\_\_\_\_

Please select the rating for the each section based on the following criteria:  
**5=EXCELLENT 4=GOOD 3=AVERAGE 2=FAIR 1=POOR**

**COURSE OVERALL PERFORMANCE**

		EXCELLENT	GOOD	AVERAGE	FAIR	POOR
1	The objectives of the training were clear and satisfactory					
2	Innovation (in terms of methods, approach, etc.)					
3	The training fulfilled my expectations					
4	The training was well-organized					
5	Length of training was sufficient					

**TUTOR'S PERFORMANCE**

		EXCELLENT	GOOD	AVERAGE	FAIR	POOR
1	Tutor's overall performance					
2	Questions were encouraged					
3	Clarity of presentation					
4	Knowledge in different fields					
5	Ability to answer questions					
6	Instructions were clear and understandable					

**COURSE'S MATERIAL**

		EXCELLENT	GOOD	AVERAGE	FAIR	POOR
1	Training material were easy to understand					
2	Training material provided were helpful					
3	Training material was distributed on time					

**OTHERS**

		EXCELLENT	GOOD	AVERAGE	FAIR	POOR
1	Venues					
2	Facilities					
3	Teaching Equipment					
4	Meals					
5	Tea/Coffee					
6	Training Environment					

**ACTIONS FOR IMPROVEMENT**