

NATIONAL INSTITUTE OF TRAINING FOR STANDARDIZATION, NOIDA

(A 20-21, Institutional area, Sector 62, NOIDA)

(Training Evaluation Sheet)

(All feedback will be treated in strict confidence)

Title of training course: _____

Date(s): _____

1. PROGRAMME RATING

S.No	AREA OF RATING	<-----lowest-----RATING-----Highest----->										
		0	1	2	3	4	5	6	7	8	9	10
1	The training met my expectations											
2	The training objectives were met											
3	The materials distributed were pertinent and useful											
4	The topics covered were relevant to programme objectives											
5	Exercises, workshops & Group Discussions were useful											
6	The time allotted for training was sufficient.											
7	This training experience will be useful											
8	Venue and Infrastructure											
9	Service by support staff											
10	Overall rating of the programme											

2. FACULTY RATING (on a scale of 1 to 10)

S.No	NAME OF THE FACULTY	RELEVANCE OF CONTENT	CLARITY	TIME MANAGEMENT	INTERACTIVE	OVER ALL RATING
1						
2						
3						
4						

3. Your suggestions for improvement:

(Please indicate if any topics need to be deleted or added)

Signature

Name

Organization