

Government Engineering College, Valsad
Training and Placement Cell
Feedback of STTP/FDP

Name of Faculty/Staff: Dr./ Ms./Mr. _____

Department: _____ Designation: _____

Title of training: _____

Mode of training: online /offline / web casting Training Code (if any): _____

Name of host Institute: _____

Dates of training: From ___ / ___ / _____ To ___ / ___ / _____ Duration: _____ week(s)

Please respond below with 1, 2, 3, 4 or 5, where 1 and 5 are explained.

- (1) Were objectives of the course clear to you? Y / N
- (2) The course contents met with your expectations
1. Strongly disagree 5. Strongly agree
- (3) The lecture sequence was well planned
1. Strongly disagree 5. Strongly agree
- (4) The level of the course was
1. Too low 5. Too high
- (5) The course contents compared with your expectations
1. Too theoretical 5. Too empirical
- (6) The course exposed you to new knowledge and practices
1. Strongly disagree 5. Strongly agree
- (7) Will you recommend this course to your colleagues?
1. Not at all 5. Very strongly
- (8) The lectures were clear and easy to understand
1. Strongly disagree 5. Strongly agree
- (9) The teaching aids were effectively used
1. Strongly disagree 5. Strongly agree

(10) The course material handed out was adequate

1. Strongly disagree

5. Strongly agree

(11) The instructors encouraged interaction and were helpful

1. Strongly disagree

5. Strongly agree

(12) Were objectives of the course realized?

Y / N

What do you think were the weaknesses of this training? (Minimum 50 words)

What do you think were the strengths of this training? (Minimum 50 words)

Any additional comments or suggestions? (Minimum 50 words)

Sign of trainee: _____

Date: _____