

OUTPUT ASSESSMENT

Help us improve!

Your valuable feedback will help us to improve our training. Rest assured, all responses will be kept **STRICTLY CONFIDENTIAL** and will not be divulged any person or party outside the agency. Thank you.

Participant's Name	
Course Name	
Duration of the course	_____ day(s)
Trainer's Name	
Training Provider	

Assessment Criteria	SCORE				
	1	2	3	4	5
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
A. Course Quality					
The contents were clear and easy to understand.					
The course objectives were successfully achieved.					
The course materials were enough and helpful.					
The class environment enabled me to learn.					
B. Training Experience					
My learning was enhanced by the knowledge and experience shared by the trainer.					
I was well engaged during the session by the trainer.					
The course exposed me to new knowledge and practices.					
I understand how to apply what I learned.					
C. Duration					
The duration of the course was just right.					
D. Recommendation					
I would recommend this course to my colleagues.					
Rating	Not Effective	Low Effective	Neutral	Effective	Highly Effective
Overall, how would you rate this course?					
Suggestions / Comments					
What did you like most about the course?					
If you could change one thing about this course what would it be?					
Thanks for your honesty. Please share any additional comments or suggestions.					

Thank you for taking time to complete this survey!

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(Signature)

Please provide your contact information if you wish to receive HRDF training offers to continue improving yourself!

Email Address: _____
Mobile: _____