

# TRAINING FEEDBACK



Training:

Date:

Trainer:

Place:

Company:

Name:\*

\* not necessary

Dear Trainee,

We would appreciate if you would complete this form so that we can improve our training courses. Your answers and suggestions are very valuable and we thank you in advance for your assistance.

Excellent	Good	Satisfactory	Unsatisfactory
1	2	3	4

## 1. TRAINING

Comments:

Contents (structure, theory)

1	2	3	4
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Understanding of subject matter

1	2	3	4
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Examples demonstration

1	2	3	4
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Practical use of examples

1	2	3	4
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Training Material

1	2	3	4
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Targets accomplished

1	2	3	4
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Overall assessment

1	2	3	4
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## 2. TRAINER

Subject explained comprehensively

1	2	3	4
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Professional and qualified

1	2	3	4
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Style and delivery of information

1	2	3	4
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Answering questions

1	2	3	4
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Agenda (breaks, organization of time)

1	2	3	4
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**Comments:**

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## 3. PRODUCT

User-friendly GUI

1	2	3	4
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Workflow

1	2	3	4
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Features

1	2	3	4
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Application usability

1	2	3	4
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Post-processing

1	2	3	4
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**Comments:**

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## 4. ORGANIZATION

Registration and information provided

1	2	3	4
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Facilities

1	2	3	4
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Personal assistance

1	2	3	4
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Comments:

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**What were you impressed with?**

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**What should we improve?**

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*Thank you for your feedback!*

Please give your feedback-form to the trainer, or send it to:  
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Fax No: + 43 316 787 1922

