

Participant's Feedback Questionnaire

Training Course/Programme: _____

Date: _____ Place: _____

To know your level of satisfaction with the training provided will help us to improve.
Please tick the most appropriate answers to the questions.
We guarantee the confidentiality of the information.

1. It's your first training course in this particular subject? Yes No

2. Did the training course meet your expectations? Yes No

Please tick the most appropriate answers, using a 6-point scale (1 – not at all, 6 – totally/completely):

3. Course objectives and contents:

The objectives were achieved	1	2	3	4	5	6
The course provided useful knowledge to your job	1	2	3	4	5	6
The subjects were presented in a congruent and structured way	1	2	3	4	5	6
There was a good balance between theory and practice	1	2	3	4	5	6

4. Methodologies:

The methods used promote the comprehension of the contents	1	2	3	4	5	6
The equipment fitted the purposes	1	2	3	4	5	6
The documentation was well organized and relevant	1	2	3	4	5	6

5. Facilities and organization:

The room conditions were adequate	1	2	3	4	5	6
The administrative support was efficient	1	2	3	4	5	6

6. Trainer(s):

Trainer Identification: _____

The trainer had knowledge on the subject	1	2	3	4	5	6
The trainer presentation was clear	1	2	3	4	5	6
The trainer intervention was adjusted to the training group profile	1	2	3	4	5	6
The trainer developed a good relationship with the training group	1	2	3	4	5	6

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7. The training duration was:

Excessive Appropriate Short

Please, comment your option:

8. Mention the most positive aspects of this training course and the aspects that you consider should be improved:

	Positive Aspect	Aspect to be Improved
Training relevance/applicability	<input type="checkbox"/>	<input type="checkbox"/>
Duration	<input type="checkbox"/>	<input type="checkbox"/>
Methodology	<input type="checkbox"/>	<input type="checkbox"/>
Contents	<input type="checkbox"/>	<input type="checkbox"/>
Balance between theory and practice	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Documentation	<input type="checkbox"/>	<input type="checkbox"/>
Trainer(s) performance	<input type="checkbox"/>	<input type="checkbox"/>
Relationship among trainees	<input type="checkbox"/>	<input type="checkbox"/>
Relationship between trainer(s) and trainees	<input type="checkbox"/>	<input type="checkbox"/>
Administrative support	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>

If you ticked „Others“, please answer to the following question(s):

Other positive aspects:

Other aspects that you consider should be improved:

9. Overall satisfaction with the training course/programme:

Not satisfied Satisfied Very satisfied

Name: _____

Date: _____

Thank you for your feedback!