

## FORM 5: FEEDBACK FORM

Name & Designation of Participant:

Organisation with address:

Name of the Course / Event/Workshop for which this Feedback Form is being submitted:

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Dates of the Event:

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Please rate the following on a scale of 0-10 in accordance with instructions given against each :

Course Structure and Organisation : \_\_\_\_\_ (Very Poor – 0, Excellent – 10)

**Comments**

Course Contents & Selection of Topics \_\_\_\_\_ (Useless and Mundane – 0 Balanced and Innovative – 10)

**Comments**

Lab Demonstrations / Assignments / Practice sessions \_\_\_\_\_ (Routine – 0, Interesting and useful – 10)

**Comments**

Administration and Logistics \_\_\_\_\_ (including Boarding, Lodging, Food, Tea etc) ( 0 to 10 )

**Comments / Suggestions on the above if any**

Please tick the appropriate response for the following questions.

Have you found the course useful ?

(a) Yes

(b) No

(c) Can't say

(d) I already knew all this

Will you recommend this course to your colleagues ?

(a) Yes, certainly

(b) Yes, may be

(c) No

(d) No, never

(e) Can't say

Shall you be using the knowledge gained during this course in your teaching or for personal professional advancement?

(a) Yes            (b) No            (c) Will try            (d) There is no new learning

Your overall assessment of the course:

(a) Waste of time (b) Visit to exotic location (c) Career compulsion (d) Useful (e) No comments

Level of treatment of subject \_\_\_\_\_ (Too Preliminary – 0, Advanced – 10)

Comments:

Overall quality of Lecture Notes/ Handouts / Samples / Examples \_\_\_\_\_ (Poor – 0, Excellent – 10)

Comments:

Overall quality of Theory Lectures \_\_\_\_\_ (Dull and Boring – 0, excellent – 10)

Comments:

Lectures/ Demos/Discussions that you expected but were not covered / included.

Comments:

What aspects of the proceedings will you include in your curriculum / teaching / pedagogy practice upon your return to your institution?

Comments:

FINAL REMARKS AND SUGGESTIONS FOR IMPROVEMENT

Thank you