

Organization's
Logo

Final Training Course Evaluation
(Course Name)
(Date of course)
(Organization providing training)

Instructions to Participant:

Thank you for participating in this ISTC training. In this feedback form, there are no WRONG or RIGHT answers. You do not need to put your name on this form – your responses are anonymous. Please respond to ALL the questions below to help us to improve the curriculum, training materials, and the conduct of the training.

Indicate below, on which days you attended this training (check all that apply)

Day 1 ____ Day 2 ____ Day 3 ____

For each item below, please circle only a single appropriate response.

	<u>RESPONSE</u>		
	NOT AT ALL	SOMEWHAT	VERY MUCH
1. The training was well organized.	0	1	2
2. The training sessions were relevant to my needs.	0	1	2
3. The presenters were well prepared.	0	1	2
4. The presenters were receptive to participant comments and questions.	0	1	2
5. The exercises helped me to learn the material.	0	1	2
6. There was enough time to cover all materials.	0	1	2
7. The training enhanced my knowledge and skills in TB prevention, care and control.	0	1	2
8. I expect to use the knowledge and skills gained from this training.	0	1	2
9. The evaluation forms were simple to use.	0	1	2
10. The training facilities were adequate.	0	1	2
11. I would recommend this training course to a colleague.	0	1	2

