



AICRP on Goat Improvement Unit Name & Institute Name



Training Feedback Form

Title of the Training Programme:

Duration:

Name of participant:

Please tick () in appropriate column

		Excellent	Very Good	Good	Fair	Poor
1.	Programme Content					
2.	Major Instructors					
3.	Programme in General					
4.	Relevance to your needs					
5.	Participant's opinion (encircle in appropriate code) Coding: AS (Agree Strongly), A (Agree), D (Disagree), DS (Disagree Strongly)					
i.	It was a very good educational experience.	AS	A	D	DS	
ii.	I would like to take another programme presented this way	AS	A	D	DS	
iii.	It was easy to remain attentive.	AS	A	D	DS	
iv.	The material covered was worthwhile.	AS	A	D	DS	
v.	The subject was quite interesting.	AS	A	D	DS	
vi.	The faculty demonstrated a thorough knowledge of the subject matter.	AS	A	D	DS	
vii.	Training material supplied was quite interesting and useful.	AS	A	D	DS	
viii.	The exercise sessions were organized very well.	AS	A	D	DS	
ix.	Not much was gained by participation in this programme.	AS	A	D	DS	
x.	I would have preferred another method of teaching the programme.	AS	A	D	DS	

Signature_____

Name _____