

**FEEDBACK FORM OF TEACHERS WHO ATTENDED TRAINING PROGRAMME/WORKSHOP/SEMINARS OUT-STATION.**

NAME OF THE TEACHER: \_\_\_\_\_

NAME OF THE WORKSHOP: \_\_\_\_\_

DATE(S) OF THE WORKSHOP: \_\_\_\_\_

NAMES OF THE MAIN SPEAKERS WITH THE THEME/TOPIC WHICH THEY PRESENTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Please rate the parameters on the scale

1 = Strongly agree, 2 = Agree, 3 = Neutral, 4 = Disagree, 5 = Strongly Disagree

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| ➤ The workshop met its stated aims and objectives           | 1 | 2 | 3 | 4 | 5 |
| ➤ The workshop was scheduled well                           | 1 | 2 | 3 | 4 | 5 |
| ➤ The workshop facilities were appropriate and satisfactory | 1 | 2 | 3 | 4 | 5 |
| ➤ The workshop was paced appropriately                      | 1 | 2 | 3 | 4 | 5 |
| ➤ The presenters were well-prepared                         | 1 | 2 | 3 | 4 | 5 |
| ➤ The presenters responded to questions appropriately       | 1 | 2 | 3 | 4 | 5 |
| ➤ Overall the sessions were informative and valuable        | 1 | 2 | 3 | 4 | 5 |
| ➤ The program is worthy for others of my department to go   | 1 | 2 | 3 | 4 | 5 |

2. Please mention **YOUR objectives** in attending the programme.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please mention the names of the sessions attended in the order in which you found them useful.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What have you learnt? How will you put them into practice? What will be the time frame?

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\_\_\_\_\_  
\_\_\_\_\_  
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5. Would you like to share your experience with other faculty members? When?

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6. Please describe the workshop you attended in your own words.

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7. Name any distinguished teachers or organizers and institution you met at the workshop with whom you have established a rapport for mutual benefit in future.

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8. Please suggest which other kinds of inputs or exposure you would like to receive and which other programmes you would like to attend to improve your contribution to the school.

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**Signature of teacher:**

**NOTE:** Please hand over the filled in form to your HOD. HOD should discuss with the teacher this form in details and hand over to the Principal. The process should be completed within one week of completion of the workshop.

Remarks and signature of HOD:

Remarks and signature of Principal: