**(Region as applicable)**

**TOPIC:**

**TIME: DATE: VENUE:**

**PARTICIPANT’s FEEDBACK FORM**

**I.** **Overall Assessment of Presentation** (Please tick -)

a. Presentation by **<<Name of the Presenter>>:** 1 2 3 4

(Ratings: 1–Poor=>Well below Expectation; 2–Fair=>Justified; 3–Good=>Better than Expected; 4–Excellent=>Well beyond Expectation)

1. Relevance to own company:

Relevant

Extremely Relevant

Marginally Relevant

Negligible

1. Course Structure: <parameters -Timing, Content, Exercises, Games**#** etc**. >**

Highly Adequate

Just Adequate

Not Adequate

d. Learning from

Little

Average

High

Fairly high

Nothing

- Presentation(s)

1. **Any Specific points you would like to highlight:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**III**. **Ideas Implementable at own company**  None Few Many

- Specify one example (if answer is few / many):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IV.** **Your assessment on Administrative arrangements:**

i) Response Time from ACMA 1 2 3 4

1. Registration : 1 2 3 4

1. Environment (comfort / audibility / other A/V) : 1 2 3 4
2. Training Material 1 2 3 4
3. Catering / Quality of Food : 1 2 3 4

Please give reasons / suggestions, if your marking is either Poor or Fair : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

High

Adequate

Low

**V.** **Participation Fee:**

**VI.** **Any other Comments:**

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**Contact Details (Optional)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Depending on the number of Presentations, the Programme co-ordinator to make suitable provision to take the feedback for all the presentations

**#** Games etc. are not part of all ACMA programs.