**(Region as applicable)**

**TOPIC:**

**TIME: DATE: VENUE :**

**PARTICIPANT’s FEEDBACK ANALYSIS**

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

a. Presentation by **<<Name of Presenter>>:**

4 - Excellent

1- Poor

2- Fair

3- Good

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

1. Relevance to own company:

Extremely Relevant

Relevant

Marginally Relevant

Negligible

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

 Highly Adequate

Just Adequate

Not Adequate

d. Learning from

Fairly high

High

Average

Little

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:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Administrative Arrangements | Poor | Fair | Good | Excellent |
| i) | Response Time from ACMA |  |  |  |  |
| ii) | Registration |  |  |  |  |
| iii) | Environment (Comfort, Audibility, AV, Others) |  |  |  |  |
| iv) | Training Material |  |  |  |  |
| v) | Catering / Quality of Food |  |  |  |  |

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

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 High

Adequate

Low

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

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

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\* Depending on the number of Presentations, the Program coordinator to make suitable provision to take the feedback for all the presentations