

NADRS APPLICATION TRAINING IN ASSOCIATION WITH NIC

Note for Participants: Please award marks for each question in the box provided, '1' for poor and '5' for outstanding. There are 12 questions. Please add the marks, and write the total against the box provided with TOTAL MARKS. Please give marks for each question.

Instructor's Name: _____ **Date** _____

Instructor

	Poor(1)	Fair(2)	Average(3)	Good(4)	Excellent(5)
Instructor outlined and covered the course objectives?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructor was professional , organized and prepared?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructor demonstrated knowledge of subject materials?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructor answered questions clearly and completely?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructor was friendly and patient?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructor reviewed course concepts throughout the day?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What is your overall rating of the instructor?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Facilities

The classroom provided a comfortable learning environment?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
My Computer was setup on time?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
My computer software and exercise files functioned properly?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quality of Internet Connectivity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food Quality	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL MARKS

Trainee's Name: _____

Phone: _____

E - Mail :- _____

Trainee's Designation: _____

Location: _____

FOR DIO: Please compute the %age satisfaction level of a participant by the formula given below. Please put your signature and stamp on each Feedback Form, Training Completion Form, Attendance Form and also on Material Receiving Form.

%age Satisfaction Level = $\frac{\text{Total Marks x 100}}{60}$
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Trainer's Signature, no stamp: _____

DIO's Signature(With Stamp) :- _____